

128

John Henry Gilley
1055269
2400 WALLACE PARK RD.
AARVASTA, TX 77068

Friday
22 Feb 2019

United States District Judge
Southern District of Texas
P.O. Box 61010
Houston, TX 77208

United States Courts
Southern District of Texas
FILED

MAR 04 2019

David J. Bradley, Clerk of Court

Dear Judge,

I'm writing you in what I believe to be a moment of dire circumstance. I have tape worms moving across my back and up the back of my head. I do not know if I have long.

I have been denied healthcare due to my lengthy complaints. I'm sending this Motion because I do not know what else to do.

{OVER}

Healthcare is \$100. This motion, suit is \$400.

This statement should be self explanatory. I receive \$50 a month, auto deposited from my father's account.

The pulse from my temple does not exist. I've submitted 2 sick call requests. No test. I believe this worm was at the bottom of my spine for over a year. The Staff (med) on Stiles told me it was back spasms. After 2nd colonoscopy I had multiple ear infections that I reported something moving in my ear. Went to ENT @ Hospital Galveston, they wanted to do ~~ear~~ hearing test, to see if mass interfered w/hearing!

These people left me in a wheelchair with NO Diagnosis! other than psychogenic. Please help!

If I pass, all proceeds to E.F.R.A.T., an ISRAEL charity (anti-abortion).

Respectfully

John H Gilley

1055269

cc: All Parties

&



Texas Department of Criminal Justice

STEP 1**OFFENDER
GRIEVANCE FORM**

Offender Name: Hilley, John TDCJ # 1055269
 Unit: Stiles Housing Assignment: AW-002
 Unit where incident occurred: Stiles

OFFICE USE ONLY

Grievance #: 2018034867
 Date Received: 11-03-17
 Date Due: 12-18-17
 Grievance Code: 601
 Investigator ID #: I2487
 Extension Date: _____
 Date Retd to Offender: FEB 16 2018

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? _____ When? _____

What was their response? _____

What action was taken? _____

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

*See
Attached*

Action Requested to resolve your Complaint.

Offender Signature: _____ Date: _____

Grievance Response:

Signature Authority: _____

Date: FEB 16 2018

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2018034867

On 11-2-17 I had a layin with Marshal in Psych. I showed her my swollen hand from a fall. I asked her if she thought it was broken. I informed her I put a sick call in the box @ A. turn out on Wed 11-1-17. PA Dunlop looked @ it. I waited in cage to be seen by a nurse.

Nurse Leal, RN called me in via CO Manual. From the begining, RN Leal did not want to provide medical care. When it came to getting weighed, she wouldn't help push my wheelchair up the ramp. I had to ask an offender to volunteer to push it up the ramp.

When we went from infirmary to lobby, she told me she didn't know what I was going to do. She was going to splint my hand, which would render it useless in turning my WHEELCHAIR WHEELS I can't use my feet. Now I can't use my Right hand. RN LEAL Clearly stated that ②

UTMB - me does not give push passes allowing another offender to push me around.

I am sick of this constant degradation by the medical staff. I told her not to insult my intelligence. She called for a CO Manual. I was then escorted from clinic, NO Informal Resolution provided nor medical care rendered.

JL WB
1055269

Page 1 - Gilley, John #1055269

On 2/08/18, you were interviewed by this writer, Kent Dickerson, Stiles Acting Practice Manager due to lost grievance you filed on 11/02/17. A copy of the draft you wrote and submitted of the grievance was obtained from you at that interview. Review of your hand written draft dated 11/02/17 of the grievance complaint indicates you were filing on K. Leal, RN due to her lack of medical treatment on this date. Further review of your medical record reveals Ms. Leal began to medically assess your complaint at 12:50 PM on 11/02/17 for complaint. Ms. Leal's clinic note indicates you arrived at the clinic prior to 12:10 and when you were called for at 12:15 security officers Neill reported you left the clinic in your wheelchair in route to chow hall,

Investigating official completes the section below:

Printed Name: Kent Dickerson

Signature: Kent Dickerson

Title: Practice Manager

Date: 2-10-2018

This grievance is being processed in an effort to resolve a problem through the established procedures identified in BP-03.77 and AD-0382. It is expressly prohibited to subject the grievant, other offenders, or staff to any

(4)

Page - 2 - Gilley, John # 1055269

You then return to the clinic at 12:50 PM, wheeling yourself into the clinic. Ms. Leal noted during the discussion of the plan of care and splint application and maintaining wheelchair mobility, you became upset, terminating the visit and started cursing her. She indicates you stated, "Call the warden he can push me back to my dorm." You are going to insult my intelligence incapacitate my hand and then tell me that I can't have a push pass." Ms. Leal indicates you then left the clinic prior to completion of the visit. Your medical record indicates Mr.

B. Dunlap, PA, had already ordered an x-ray at 12:15 PM on 11/02/17 of your right hand and then you left the medical clinic. Mr. Dunlap's clinical order also noted order for boxer splinter for 2 weeks, bag of tape for two weeks and medication order for Tylenol 325 mg. 2 tablets by mouth three times daily for 5 days, kop. The x-ray taken on 11/03/17 does indicate comminuted transverse fracture at the neck of the fourth metacarpal. On 11/04/17, you were seen in the medical clinic for SCR of right hand swollen and bruised. Ms. P. Owens, RN, did check your hand for bruises and circulation before splinting as ordered by Mr. Dunlap you were advised medical cannot order a push pass. Your medical record reflects you did receive appropriate health care treatment. Your grievance is unsubstantiated based on review of your medical record.



Kent Dickerson, Acting Stiles Practice Manager

APR 06 2018



Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

Offender Name: John H. Gilley TDCJ # 1055269
 Unit: 511es Housing Assignment: 19 W2
 Unit where incident occurred: 511es

OFFICE USE ONLY

Grievance #: 2018034867
 UGI Recd Date: 3/7/18
 HQ Recd Date: MAR 9 - 2018
 Date Due: 4-21
 Grievance Code: 601
 Investigator ID #: I2584
 Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because...

~~of Respondent's~~ Respondent's refusal to address the issue in the light of natural observation, instead of covering up a serious issue. I arrived at the clinic for an 11:00 am clinic appt. After seeing Mental Health for sched appointment, Marshall called Dunlop and that is who I saw at 12:00pm. RN Leal was just following orders given from Dunlop. At this time, 12:10pm RN Leal stated that I needed to wait in the cage until she was ready. I asked CO McDaniel about Chow. From CCTV, an offender of my choice assisted me to Chow. Medical did not offer to provide chow, and why should I have to starve to receive medical care. RN Leal was quite aware that I went to chow, she was right next to CO McDaniel. This is lie number one. I didn't wheel myself into the clinic. I grabbed the sink and pulled to the window, pulled a little using the lip of counter, rebounding to the first desk behind where Ebner sits, second desk from entrance door. Pulling with one hand is the fact, Respondent's portrayal, lie number 2. The next lie covers a few sentences. Respondent clearly states RN Leal claims she discussed wheelchair mobility with me, then I terminated the treatment and resorted to using abusive language. Well, Well, Well, and then I finally did receive medical care from RN Owens. Because someone did provide the splint, I receive care and my complaint is ~~not~~ unsubstantiated. Let us start with policy A-8.4, Offender Medical and Mental Health Classification, and RN Leal's notes as well as Respondent's statement clearly show this assessment did not occur. Policy G-51.1. Offenders with Special Needs, clearly state what should occur if I'm unable to take care of myself in

general population. One of these Policies were followed. From my past steps, the OPS clearly sees my familiarity with UTM B responsibilities as stated within the CMHC policies found in law library. A push pass is irrelevant and requires an offender to perform the job that UTM B is required to perform per above styled policies. My mother called the family hotline to complain. As inmate is to be assigned to medical care for me at Ruiz. I never asked for a push pass. I expected medical care, not a medical department telling me the only way to get medical care is to go to Ruiz. You are requesting to receive appropriate medical care for your wrist.

Way to Ruiz's Chow Chapel. In the end, the Senior Warden wrote IOC telling all CS to allow me to choose any person I wanted to push me to all Ruiz's Chow Chapel.

Review of the health record reveals documentation to support the response at Step 1. A statement submitted by the medical staff deny your claims of unprofessionalism or denial of treatment. Documentation in the medical record indicates that you have been

Grievance Response: In your Step 1 medical grievance, you stated you were denied appropriate medical care in accordance with CMHC Policy E-37.1. You have addressed

Review of the health record reveals documentation to support the response at Step 1. A statement submitted by the medical staff deny your claims of unprofessionalism or denial of treatment. Documentation in the medical record indicates that you have been afforded access to proper medical care in accordance with Correctional Managed Health Care Policy E-37.1. You have addressed new issues at Step 2, which will not be responded to at this time. You may attempt informal resolution and then file a Step 1 Grievance if you feel it needs further evaluation.

Signature Authority: Sick Call Request if you feel your condition has changed to warrant further evaluation.

Date:

3-22-18

Returned because: *Resubmit this form when corrections are made.

STEP II MEDICAL GRIEVANCE PROGRAM

OFFICE OF PROFESSIONAL STANDARDS

TDCJ HEALTH SERVICES DIVISION

- ☐ 1. Grievable time period expired.
- ☐ 2. Illegible/Incomprehensible.
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate. *

CGO Staff Signature: _____

OFFICE USE ONLY

Initial Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

- | | |
|--|---|
| <p>1. <input type="checkbox"/> Unit Assignment, Transfer (Chairman of Classification, Administration Building)</p> <p>2. <input type="checkbox"/> Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)</p> <p>3. <input type="checkbox"/> Request for Promotion in Class or to Trusty Class (Unit Warden- if approved, will be forwarded to the Director of Classification)</p> <p>4. <input type="checkbox"/> Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78757)</p> | <p>5. <input type="checkbox"/> Visiting List (Asst. Director of classification, Administration Building)</p> <p>6. <input type="checkbox"/> Parole requirements and related information (Unit Parole Counselor)</p> <p>7. <input type="checkbox"/> Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainers-Unit Administration)</p> <p>8. <input type="checkbox"/> Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)</p> |
|--|---|

TO: Medical
(Name and title of official)DATE: 12-6-17ADDRESS: Stiles

SUBJECT: State briefly the problem on which you desire assistance.

I need to be seen by Provider for asthma issues,
shortness of breath. (E.37.1)

Name: John A. Gilly
Living Quarters: 19W2

No: 1055269

Unit: ST

Work Assignment:

DISPOSITION: (Inmate will not write in this space)

You have missed your scheduled appt for evaluation.

* Sch NSC: eval respiratory status

L. Midkiffen 12/7/17

RECEIVED
DEC 07 2017

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION

INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

- | | |
|--|---|
| <p>1. <input type="checkbox"/> Unit Assignment, Transfer (Chairman of Classification, Administration Building)</p> <p>2. <input type="checkbox"/> Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)</p> <p>3. <input type="checkbox"/> Request for Promotion in Class or to Trusty Class (Unit Warden- if approved, will be forwarded to the Director of Classification)</p> <p>4. <input type="checkbox"/> Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78757)</p> | <p>5. <input type="checkbox"/> Visiting List (Asst. Director of classification, Administration Building)</p> <p>6. <input type="checkbox"/> Parole requirements and related information (Unit Parole Counselor)</p> <p>7. <input type="checkbox"/> Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainers-Unit Administration)</p> <p>8. <input type="checkbox"/> Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)</p> |
|--|---|

TO: Medical
(Name and title of official)DATE: 12-02-17

ADDRESS: _____

SUBJECT: State briefly the problem on which you desire assistance.

I need to see provider regarding chronic care - asthma issues

RECEIVED
DEC 04 2017

Name: John H. Giffey

No: 1055269
1655269

BY: 5/1/17

Living Quarters: 19 W2

Work Assignment:

DISPOSITION: (Inmate will not write in this space)

You are scheduled for evaluation
R midkiffen
12/4/17

INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

- | | |
|---|---|
| 1. <input type="checkbox"/> Unit Assignment, Transfer (Chairman of Classification, Administration Building) | 5. <input type="checkbox"/> Visiting List (Asst. Director of classification, Administration Building) |
| 2. <input type="checkbox"/> Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee) | 6. <input type="checkbox"/> Parole requirements and related information (Unit Parole Counselor) |
| 3. <input type="checkbox"/> Request for Promotion in Class or to Trusty Class (Unit Warden- if approved, will be forwarded to the Director of Classification) | 7. <input type="checkbox"/> Inmate Prison Record (Request for copy of record, information on parole-eligibility, discharge date, detainers-Unit Administration) |
| 4. <input type="checkbox"/> Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78757) | 8. <input type="checkbox"/> Personal Interview with a representative of an outside agency (Treatment Division, Administration Building) |

TO: *M. K. Davis*

(Name and title of official)

DATE: 12-7-17

ADDRESS: _____

SUBJECT: State briefly the problem on which you desire assistance.

I need to been seen about asthma issues

RECEIVED
DEC 04 2017

BY: _____

Name: John H. Gilky
Living Quarters: 19 W 2

No: 1053269

Unit: ST

Work Assignment: _____

DISPOSITION: (Inmate will not write in this space)

You are scheduled for evaluation
L. Midkiff
12/4/17

13

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION

INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

- | | |
|---|---|
| 1. <input type="checkbox"/> Unit Assignment, Transfer (Chairman of Classification, Administration Building) | 5. <input type="checkbox"/> Visiting List (Asst. Director of classification, Administration Building) |
| 2. <input type="checkbox"/> Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee) | 6. <input type="checkbox"/> Parole requirements and related information (Unit Parole Counselor) |
| 3. <input type="checkbox"/> Request for Promotion in Class or to Trusty Class (Unit Warden-if approved, will be forwarded to the Director of Classification) | 7. <input type="checkbox"/> Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainees-Unit Administration) |
| 4. <input type="checkbox"/> Clemency/Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78757) | 8. <input type="checkbox"/> Personal Interview with a representative of an outside agency (Treatment Division, Administration Building) |

TO:

DATE:

(Name and title of official)

ADDRESS:

SUBJECT: State briefly the problem on which you desire assistance.

This is my 5th Request for appt with a provider (licensed responsible physician) regarding chronic-care issue with my diagnosed Persistent Moderate asthma. I need another albuterol inhaler.

Prior Requests: 1st 11-20-17

2nd 11-24-17

3rd 11-26-17

4th 11-28-17

RECEIVED
DEC 03 2017

BY: _____

No lawin with TDCJ-CID security @ Stiles Unit has been schd, sent, or recd, as of Weds night (11-29-17)

Name: John H. Gilley

No: 1055269

Unit: ST

Living Quarters: 19W2

Work Assignment: _____

DISPOSITION: (Inmate will not write in this space)

You are scheduled for evaluation.
Lmidkiff

12/3/17

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION

INMATE REQUEST TO OFFICIAL

CO - MBI

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

- | | |
|--|---|
| <p>1. <input type="checkbox"/> Unit Assignment, Transfer (Chairman of Classification, Administration Building)</p> <p>2. <input type="checkbox"/> Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)</p> <p>3. <input type="checkbox"/> Request for Promotion in Class or to Trusty Class (Unit Warden- if approved, will be forwarded to the Director of Classification)</p> <p>4. <input type="checkbox"/> Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78757)</p> | <p>5. <input type="checkbox"/> Visiting List (Asst. Director of classification, Administration Building)</p> <p>6. <input type="checkbox"/> Parole requirements and related information (Unit Parole Counselor)</p> <p>7. <input type="checkbox"/> Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainers-Unit Administration)</p> <p>8. <input type="checkbox"/> Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)</p> |
|--|---|

TO:

Medical

(Name and title of official)

DATE:

11-29-17

ADDRESS:

ST

SUBJECT: State briefly the problem on which you desire assistance.

5th Request

I need to see MLP regarding chronic care issue, asthma.

I need another inhaler, albuterol. SCR sent on 11/20, 11/27, 11/28, 11/29.

RECEIVED
DEC 02 2017

BY:

Name: John H. SillerNo: 1055269Unit: S7Living Quarters: 19 W2

Work Assignment:

DISPOSITION: (Inmate will not write in this space)

You are scheduled for evaluation
& midkiffen
12/2/17

(11)

11-28

To: Medical

From: John H. Gilley

1055269

19W2

Tues

11-28-17

RECEIVED
NOV 29 2017

BY: _____

I need another albuterol inhaler. 4th request.

1st 11-20
2nd 11-24
3rd 11-26

You missed your appt for evaluation on 11/27/17.

Your appt will be rescheduled.

R. Mickiffen
11/29/17

(10)

INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

- | | |
|---|---|
| 1. <input type="checkbox"/> Unit Assignment, Transfer (Chairman of Classification, Administration Building) | 5. <input type="checkbox"/> Visiting List (Asst. Director of classification, Administration Building) |
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| 4. <input type="checkbox"/> Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78757) | 8. <input type="checkbox"/> Personal Interview with a representative of an outside agency (Treatment Division, Administration Building) |

TO: Medical

(Name and title of official)

DATE: 11.26.17

ADDRESS: _____

SUBJECT: State briefly the problem on which you desire assistance.

3rd Request

I need to receive another albuterol inhaler.

1st request made 11-20-17

DEC

NOV 28 2017

2nd request made 11-24-17

BY: _____

Name: John H. Gilley

No: 1055269

Unit: Stiles

Living Quarters: 19-W-2

Work Assignment: _____

DISPOSITION: (Inmate will not write in this space)

You were scheduled for evaluation 11/26/17 but missed your appt. You will be rescheduled

L Midkiffen

11/28/17

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION

INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

- | | |
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| 4. <input type="checkbox"/> Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78757) | 8. <input type="checkbox"/> Personal Interview with a representative of an outside agency (Treatment Division, Administration Building) |

TO:

Medical

(Name and title of official)

DATE:

11-24-18

ADDRESS:

SUBJECT: State briefly the problem on which you desire assistance.

I ~~am~~ need to be seen about asthma issues 2ndRequest, 1st on 11-20-17. I saw JMS-Smoke on
11-21-17 about Nasorex spray sick call.

I've run out of albuterol. Need another inhaler

Name: John H Gilley

No: 1055269

Unit: ST

Living Quarters: 1962

Work Assignment:

DISPOSITION: (Inmate will not write in this space)

Sch NSC: Eval asthma status: pt has used entire prescribed
inhaler in 35 days.R. Midkiff
11/24/17RECEIVED
NOV 24 2017

BY: _____

INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

1. ☐ Unit Assignment, Transfer (Chairman of Classification, Administration Building)
2. ☐ Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)
3. ☐ Request for Promotion in Class or to Trusty Class (Unit Warden- if approved, will be forwarded to the Director of Classification)
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6. ☐ Parole requirements and related information (Unit Parole Counselor)
7. ☐ Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainers-Unit Administration)
8. ☐ Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)

TO:

Medical

(Name and title of official)

DATE:

11-17-17

ADDRESS:

SUBJECT: State briefly the problem on which you desire assistance.

I'm having asthma issues, I need to see ~~NS~~ NSC

Thanks

Name: John H Gilley

No: 1055269

Unit: ST

Living Quarters: 15W2

Work Assignment:

DISPOSITION: (Inmate will not write in this space)

Sch NSC: asthma issues
R Midkiffen
n/20/17

RECEIVED

BY: _____

(7)



Texas Department of Criminal Justice

STEP 1 OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2018048718
 Date Received: 11-30-17
 Date Due: 1-14-18
 Grievance Code: 616
 Investigator ID #: I2487
 Extension Date: _____
 Date Retd to Offender: JAN 24 2018

Offender Name: John A. Miller TDCJ # 1055269
 Unit: Stiles Housing Assignment: 19W2
 Unit where incident occurred: Stiles

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? NSC to Medical

When? 11-24-17

What was their response? Sched NSC

What action was taken? Never was sched NSC, wrote grievance

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I am reporting UTMD-CMC, the contracted health care provider at Stiles Unit documented refusal to provide necessary healthcare as agreed upon in the CMMC Contract and the decided policies. Policy A-2.1 and E-37.1 are the policies to be reviewed. On 11-20-17 signed 1st Sick Call for asthma issues, sched'ing for NSC. On the same day, 11-20-17, RN Midkiff sched'ed another SCA, one requesting a 2nd opinion for Nasonex, for a NSC. On 11-21-17, I was seen via telemed by Tandra Smith, APRN for the 2nd opinion on Nasonex only. After telemed visit I spoke to WW Clark about 1st NSC and my need for another albuterol inhaler. WW Clark told me to get in another NSC. I immediately spoke to RN Carol Nichols. RN Nichols took my ID and told me I would receive another albuterol inhaler by PM-pillbox on Wed. 11-23-17. This turned out to be a lie. I sent another NSC on 11-24-17. Midkiff rec'd NSC and wrote that a NSC would be sched'ed (11-24-17). I put a third SCR on 11-26-17 due to the severity of the issue. Not seen as of 11-28-17, so I've put in another SCR. I'm using another patient's inhaler to get by, because of the Stiles Unit Medical Dept's refusal to treat me. I believe this is retaliation due to my prior complaints and my family's involvement. Due to the severity of my asthma, I believe the medical is hoping to jeopardize my safety. NOV 30 2017

This is not the first time I've needed a new inhaler after thirty days
8-9-17 new inhaler NOV 30 2017
9-2017 - new inhaler NOV 30 2017
10-2017 - new inhaler NOV 30 2017

NOV 3 0 2017

Action Requested to resolve your Complaint:

For TDCJ staff to enforce CHHC policies and take me to a doctor that wants to treat me for chronic issue.

Offender Signature: John H. MidkiffDate: 11-28-17

Grievance Response:

You indicated that C. Nichols, RN, took your inhaler on 11/23/17. The following day 11/24/17 you were seen by Midkiff, RN for nurse sick call for current inhaler ran out. Ms. Midkiff, RN wrote on your sick call slip that you had used your current Proventil Inhaler in 35 days. On 11/26/17 C. Nichols noted in your clinic record you were a NO Show for nurse sick call. On SCR, received 11/28/17, Ms. Midkiff advised you, the nurse sick call appointment scheduled for you resulted in your missing appointment. On your SCR dated 11/29/17, Ms. Midkiff advised you that you missed the clinic appointment scheduled for you on 11/27/17 and that you would be scheduled for 11/29/17 appointment. On 12/11/17, G. Daniel, PA renewed your Proventil Inhaler for 45 days duration with 3 refills before 6/09/18. The providers at the pharmacy order inhaler for a specific duration of time. You're encouraged to stay within the time frame the inhaler is ordered. Your grievance is unsubstantiated based on medical information reviewed in your medical record.

Signature Authority: Kent DickersonDate: 1-19-18

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 2

OFFENDER GRIEVANCE FORM

Offender Name: John Henry Gilley TDCJ # 1055269
 Unit: Stiles Housing Assignment: 19W-2
 Unit where incident occurred: Stiles

OFFICE USE ONLY	
Grievance #:	<u>2018 048718</u>
UGI Recd Date:	<u>1-29-18</u>
HQ Recd Date:	<u>JAN 30 2018</u>
Date Due:	<u>3-15</u>
Grievance Code:	<u>616</u>
Investigator ID #:	
Extension Date:	

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because...

Practice Manager Mr Dickerson clearly states that on 11-24-17 RN Midkiff saw me. This is a cover up. By her seeing me, why did she see me, then schedule another NSC. In fact, RN Midkiff received my sick call on Friday, 11-24-17, claims she scheduled a NSC for 11-26-17 as it states on the NSC she sent back. (ref Step 1) Well, well, the problem is the ROSSO lay in system is down until 11-28-17 because it is Thanksgiving. NO LAYINS COULD BE SCHEDULED, AND NO RETURN TO CLINIC PASS could be sent. Since RN Midkiff works nights, she never called me out, and C. Nichols works days, no call out by nurses occurred.

To prevent treatment, RN Midkiff & RN C. Nichols, both working for UTMB-CMC @ the TDCJ units for over a decade, falsified medical records / government documents to paint a picture of non-compliance by the patient, when in fact RN Midkiff and RN C. Nichols entered into an organized crime unit, violating Tx. Pen. Code 37.05, 39.03, to deny necessary healthcare, attempting to accelerate patient's Moderate. Persistent asthma, risking patient's life.

These Penal Code violations are Class III felonies. This is not the first time, and is documented, as occurring on 11-27-17 as well. ~~Recently~~ ~~reported the incident that~~

NO LAYINS could be scheduled after 11-22-17 around 11am until after 11-27-17, which was the Monday after Thanksgiving. The PEARL MRS shows no Return to Clinic Passes Printed. RN Midkiff

uses government documents, Sick Call Forms & I-60's to claim treatment was attempted, but refused by patient. ~~Q~~

Offender Signature: _____

Date: _____

Grievance Response: _____

A review of the Step 1 medical grievance has been completed regarding your complaint of needing another albuterol inhaler.

An appellate review of the medical grievance and clinical records indicate you have a history of asthma. According to your medication compliance report you were issued your albuterol (Proventil) inhaler on 10/18/2017, which was prescribed for ninety (90) days. It is noted you received the next inhaler on 12/14/2017 and 01/28/2018 and they were ordered for forty five (45) days. You have also received your prescribed dueler inhaler on 11/26/2017, 12/26/2017, 01/25/2018 and 02/22/2018.

You are encouraged to work with the unit providers to ensure the best possible treatment for your health care needs. If you feel your situation requires further evaluation, you are advised to submit a Sick Call Request to the medical department.

**STEP II MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION**

Signature Authority: _____

Date: _____

Returned because: *Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate. *

CGO Staff Signature: _____

OFFICE USE ONLY**Initial Submission**

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

SUBJECT: State briefly the problem on which you desire assistance.

I need to see provider about sinus problems. My sinus allergies are directly linked to my asthma, as diagnosed by HG @ Pulmonary (12.30.15) after hospital stay in Oct '15 @ HG.

Since HVO Pharmacy hasn't approved Nasonex, I need to speak to provider about alternative treatment plan to deal with some of my problems. Right now is cedar season and even with singulair at night, I'm still having rhinorrhea.

Name: John H. Gilley

No: 1055269

Unit: ST

Living Quarters: 19-W-2

Work Assignment:

DISPOSITION: (Inmate will not write in this space)

You are scheduled for evaluation
R Midkiff
12/16/17

RECEIVED
JAN 11 2018

BY: _____ (18)

INMATE REQUEST-TO OFFICIAL

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

- | | |
|---|---|
| 1. <input type="checkbox"/> Unit Assignment, Transfer (Chairman of Classification, Administration Building) | 5. <input type="checkbox"/> Visiting List (Asst. Director of classification, Administration Building) |
| 2. <input type="checkbox"/> Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee) | 6. <input type="checkbox"/> Parole requirements and related information (Unit Parole Counselor) |
| 3. <input type="checkbox"/> Request for Promotion in Class or to Trusty Class (Unit Warden-if approved, will be forwarded to the Director of Classification) | 7. <input type="checkbox"/> Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainers-Unit Administration) |
| 4. <input type="checkbox"/> Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78757) | 8. <input type="checkbox"/> Personal Interview with a representative of an outside agency (Treatment Division, Administration Building) |

TO: Medical
(Name and title of official)

DATE: Dec 12, 2017

ADDRESS: _____

SUBJECT: State briefly the problem on which you desire assistance.

I need to be evaluated by a provider regarding off unit appointment @ neurologist, and the treatment plan offered by specialist

Note: I was lay-d in for appt with PA Daniels regarding SCR sent on 12-16-17 about the need for eval for new treatment plan regarding sinusitis, its effect on asthma, since I'm not being approved by Pharmacist for Nasoneze. I showed for lapin, but it was cancelled, and I was told I would be rescheduled. This has not happened. I know this is two issues, but I need these issues to be addressed through eval by a provider.

Name: John H. Gilley

No: 1055269

Unit: ST

Living Quarters: 19 W 2

Work Assignment: N/A

DISPOSITION: (Inmate will not write in this space)

Sch NSC: Discuss H&A Neuro plan of care, sinusitis
 R Midkiff
 1/5/18

RECEIVED
 JAN 05 2018

4-1-00 (Rev. 11-00)

BY: _____

(19)

INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

- | | |
|--|---|
| <p>1. <input type="checkbox"/> Unit Assignment, Transfer (Chairman of Classification, Administration Building)</p> <p>2. <input type="checkbox"/> Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)</p> <p>3. <input type="checkbox"/> Request for Promotion in Class or to Trusty Class (Unit Warden- if approved, will be forwarded to the Director of Classification)</p> <p>4. <input type="checkbox"/> Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78757)</p> | <p>5. <input type="checkbox"/> Visiting List (Asst. Director of classification, Administration Building)</p> <p>6. <input type="checkbox"/> Parole requirements and related information (Unit Parole Counselor)</p> <p>7. <input type="checkbox"/> Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainers-Unit Administration)</p> <p>8. <input type="checkbox"/> Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)</p> |
|--|---|

TO: Medical - Chronic Care

(Name and title of official)

DATE: 1-3-18ADDRESS: Stiles

Texas Department of Criminal Justice

STEP 1 OFFENDER
GRIEVANCE FORM

Offender Name: John H. Gilley TDCJ # 1055269
 Unit: Stiles Housing Assignment: 19 W2
 Unit where incident occurred: Stiles

OFFICE USE ONLY

Grievance #: 2018092064
 Date Received: FEB 23 2018
 Date Due: 4-9-18
 Grievance Code: 613
 Investigator ID #: 10969
 Extension Date: _____
 Date Retd to Offender: JUN 06 2018

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? RN Leal FEB 23 2018 When? Jan 6, 2018
 What was their response? I was marked a NO SHOW for 12-18-17 appt with PA Daniels
 What action was taken? Writing this grievance FEB 23 2018

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I'm grieving the felonious activity of the UTMB-CMC clinic @ Stiles Unit. An employee of UTMB-CMC clearly falsified Medical Records by inputting into the PEARL MRS that I was a no show for an appt scheduled on December 18, 2017 to see MLP PA Daniels regarding the need for a new treatment plan since Nasorex was not approved by Pharmacy (sinusitis).
 FEB 23 2018

What is great, is that TDCJ has placed me on a unit with video cameras everywhere. The video camera placed in the holding cage for medical will clearly show me wheeling into medical for appt, and giving the CO on duty my lay in, which authorizes me to be there. Had I not arrived for schd appt, I would have rec'd an offense report (code 24 and code 27)

The camera will show the same CO coming out with four to five layins, a couple of hours later, and letting all of us out and sending us back to our houses. The appointment was cancelled for several offenders because PA Daniels left early due to holidays (so the CO said) FEB 23 2018

The date/time stamp will clearly show I was there. If the CO was doing their job, by policy, the CO would have filled out the Security log themselves upon my arrival. FEB 23 2018

I'm being retaliated against by the medical contractors due to my complaints of fraud, HIPA violations. This ~~is~~ current issue, falsifying medical records, is part of a broader one, retaliation, that TDCJ staff is allowing. The UGI is responsible to verify security footage and report this felony

FEB 23 2018

FEB 23 2018

Action Requested to resolve your complaint.

For TDCJ staff to enforce contract (policies) with VTMB - CMC contractors and investigate claim of illegal activity and hold account.

Offender Signature: John W. Bailey

Date: 1-9-18 FEB 23 2018

Grievance Response:

Your medical record indicates you were scheduled a provider appointment on 12/18/17 to discuss your asthma concern and problems with inhaler prescribed. The reminder note reflects you were a no show for your scheduled appointment and your claims that the provider left early, cannot be supported. You're encouraged to attend all future medical appointments scheduled at the time the appointment is scheduled. You have been seen by multiple providers since this date. Submit a sick call slip if you have other concerns. Your grievance is unsubstantiated.

Signature Authority:

Ken Dubienoy

Date: 6-5-18

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

JUL 25 2018



Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

Offender Name: John W. Bailey TDCJ # 1055269
 Unit: Stiles PXHG Housing Assignment: 19W2
 Unit where incident occurred: Stiles

OFFICE USE ONLY

Grievance #: 2018092064
 UGI Recd Date: JUN 22 2018
 HQ Recd Date: JUN 26 2018
 Date Due: 08 Oct-2018
 Grievance Code: 613
 Investigator ID #: 10352
 Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because...

TDCJ staff did not intervene and review the CCTV footage to stop the practice of falsifying medical records by UMB-CMC staff. There is no security log book recording the arrival and departure of offenders. When an offender arrives at the infirmary, lay-ins are collected and placed in a bin on a desk. Common practice is if a NLP is unable to see you for the scheduled appt, instead of rescheduling, it is easier to mark you a no-show.

In this case review of footage would have verified where I was on 12-18-17 because if I wasn't at the clinic I was OUT OF PLACE. I also went through one count in the morning.

I have other grievances that I've submitted regarding this issue because of the improper handling of SCR and the fact that many times I have to wait twenty to thirty days to see a provider. To do this falsifying records is occurring.

And whether I've seen multiple providers since then is irrelevant since I've had to submit more SCR to make this happen.

Any record kept for an offender is governed by Penal Code 37.09. I was there at clinic as recorded by CCTV. Staff is refusing to use video cameras to hold these nurses accountable for

Signature Authority: **OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION**

Date: 10/29/18

Returned because: *Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate. *

CGO Staff Signature: _____

OFFICE USE ONLY	
Initial Submission	CGO Initials: _____
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	
2nd Submission	CGO Initials: _____
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	
3rd Submission	CGO Initials: _____
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	

Soft tissue envelope - normal
 Callus - none
 Nails - normal
 Tenderness to palpation at bilateral achilles tendon insertion

Dorsalis pedis pulse - palpable
 Posterior tibial - palpable
 Capillary refill - brisk

Motor Function:

	Right	Left
DF: TA: EHL: EDL	5/5	5/5
PF : AT : PT : FHL : FDL	5/5	5/5
IN : Ant Tib : Post Tib	5/5	5/5
EV: Peroneals	5/5	5/5

Sensation: with 5.07: normal

Special Tests:

Drawer's Test:
 Lachman Test:
 Squeeze test: negative bilaterally
 Single heel:
 Double heel:
 Coleman block test:
 Silverskjold test:
 First ray mobility:

Interval PEx 9/10/2015 : TTP at achilles insertion, lesser under heel. Big toe pain may be back related.

MRI:

Left -

IMPRESSION:

Distal Achilles tendinopathy/interstitial tearing.

Plantar fasciitis with plantar calcaneal enthesitis.

Mild peroneus brevis tendinopathy.

Right - The Achilles tendon exhibits minimal distal thickening with multiple areas of interstitial high T2 signal foci.

The tendons of the anterior compartment are unremarkable.

The tibialis posterior is unremarkable.

No peroneal tendon tear is seen. A peroneus quartus is present.

The plantar fascia is within normal limits.

Assessment/Diagnosis:

13

CORRECTIONAL MANAGED CARE CLINIC NOTES

Patient Name: GILLEY, JOHN H **TDCJ#:** 1055269 **Date:** 05/03/2017 11:08 **Facility:** STILES (ST)
Age: 45 year **Race:** W **Sex:** male
Most recent vitals from 5/1/2017: BP: 133 / 82 (Sitting) ; Wt: ; Height: 75 In.; Pulse: 91 (Sitting) ; Resp: 18 / min; Temp: 98.5 (Oral) BMI: ~>; O2 Sat:
DOI: 8/31/2001
CURRENT PEAK FLOWS: PF 1: ; PF 2: ; PF 3:
PRIOR PEAK FLOWS: PF1 : ; PF 2: ; PF 3:
Allergies: DEMEROL, PHENYLPIPERAZINE ANTIDEPRESSANT, PENICILLINS, BETA LACTAM ANTIBIOTIC CEPHALOSPORINS, ANTICHOLINERGICS ANTICHOLINERGICS,QUATERNARY

Patient Language: ENGLISH Name of interpreter, if required:

Current Medications:

<u>CETIRIZINE 10MG TABLET #</u> 1 TABS ORAL DAILY for 30 Days NFA # 352439A [INDEF]	ORDERING FACILITY: STILES (ST) ORDERING PROVIDER: DUNLAP, BRENDAN A	COMPLIANCE: 90.24 % REFILLS: 5 / 11 EXPIRATION DATE: 11/16/2017 09:23:00AM
<u>DULERA 100/5MCG INH 120PUFFS #</u> 2 PUFFS INHALATION TWICE DAILY for 30 Days KOP NFA#126444 [8/31/17]	ORDERING FACILITY: STILES (ST) ORDERING PROVIDER: DUNLAP, BRENDAN A	LAST DATE GIVEN KOP: 04/28/2017 01:56:19PM REFILLS: 8 / 11 EXPIRATION DATE: 8/26/2017 11:33:00AM
<u>LISINAPRIL 20MG TABLET</u> 1 TABS ORAL DAILY for 30 Days KOP	ORDERING FACILITY: STILES (ST) ORDERING PROVIDER: DUNLAP, BRENDAN A	LAST DATE GIVEN KOP: 03/22/2017 02:11:12PM REFILLS: 8 / 11 EXPIRATION DATE: 8/21/2017 07:31:00AM
<u>LITHIUM CARBONATE 300MG CAP</u> 2 CAPS ORAL TWICE DAILY for 30 Days	ORDERING FACILITY: STILES (ST) ORDERING PROVIDER: NATHAN, PRADAN A	COMPLIANCE: 85.89 % REFILLS: 5 / 11 EXPIRATION DATE: 11/17/2017 07:28:00PM
<u>MONTELUKAST 10MG TABLET #</u> 1 TABS ORAL EVERY EVENING for 30 Days NF #352469A [INDEF]	ORDERING FACILITY: STILES (ST) ORDERING PROVIDER: DUNLAP, BRENDAN A	COMPLIANCE: 90.44 % REFILLS: 8 / 11 EXPIRATION DATE: 8/21/2017 07:32:00AM
<u>OMEPRAZOLE 20MG CAPSULE</u> 2 CAPS ORAL TWICE DAILY MORNING & EVENING for 30 Days	ORDERING FACILITY: STILES (ST) ORDERING PROVIDER: DANIEL, GIDEON A	COMPLIANCE: 90.48 % REFILLS: 1 / 2 EXPIRATION DATE: 6/21/2017 01:08:00PM
<u>PROVENTIL HFA 90MCG INH 200PF</u> 2 PUFFS INHALATION 4 TIMES DAILY for 90 Days KOP As Needed (PRN)	ORDERING FACILITY: STILES (ST) ORDERING PROVIDER: DUNLAP, BRENDAN A	LAST DATE GIVEN KOP: 02/24/2017 03:20:33PM REFILLS: 2 / 3 EXPIRATION DATE: 8/21/2017 07:31:00AM
<u>RANITIDINE 150MG TABLET</u> 2 TABS ORAL TWICE DAILY for 30 Days	ORDERING FACILITY: STILES (ST) ORDERING PROVIDER: LASTRAPES, MICHELLE	COMPLIANCE: 85.00 % REFILLS: 0 / 0 EXPIRATION DATE: 5/14/2017 06:33:00AM
<u>SODIUM CL 0.65% NAS SPRAY 45ML</u> 1 SPRAYS INTRANASAL 3 TIMES DAILY for 30 Days KOP	ORDERING FACILITY: STILES (ST) ORDERING PROVIDER: BALLARD, MELISSA	LAST DATE GIVEN KOP: 04/09/2017 02:52:27PM REFILLS: 2 / 2 EXPIRATION DATE: 5/10/2017 02:53:00PM
<u>VENLAFAXINE ER 150MG CAPSULE</u> 1 CAPS ORAL EVERY EVENING for 30 Days	ORDERING FACILITY: STILES (ST) ORDERING PROVIDER: NATHAN, PRADAN A	COMPLIANCE: 86.50 % REFILLS: 5 / 11 EXPIRATION DATE: 11/17/2017 07:26:00PM

CORRECTIONAL MANAGED CARE CLINIC NOTES

Patient Name: GILLEY, JOHN H **TDCJ#:** 1055269 **Date:** 05/03/2017 11:08 **Facility:** STILES (ST)

ZIPRASIDONE HCL 80MG CAPSULE
2 CAPS ORAL EVERY EVENING for 30
Days

ORDERING FACILITY: STILES (ST)
ORDERING PROVIDER: NATHAN, PRADAN A

COMPLIANCE: 88.43 %
REFILLS: 9 / 11

EXPIRATION DATE: 8/04/2017 01:49:00PM

Today's Problem: W/C necessity, reflux, allergies
5/3/2017

IS THIS VISIT THE RESULT OF A SCR?	X	YES
		NO

S: I am in a W/C due to an Achilles tendon debridement that occurred 18 months ago.
I have been popping pepto bismol and my acid reflux medication for the past few years, I need a refill. I cough excessively and the fluid, discharge I can smell the food I last ate.
I have been out of allergy medications and I need a refill. Denies HA, SOB, dizziness, chest pain, vomiting, and/or fever.

PMH:

Surgery: Achilles debridement (2016)

O: ABD: distended, gaseous, no tenderness noted in all quadrant. BLE: ROM in lower legs WNLs, moves legs with no distress.

A: Nausea
GERD

Plan is as follows:

1. Continue medications as prescribed.
2. Will treat for H. Pylori although labs were negative→ On Omeprazole already so a false negative may be seen.
3. Transition inmate out of W/C into cane
4. Trade in W/C for cane
5. Issue cane x 365 days

Started Meds:

BISMUTH SUB 262MG CHEW TABLET 22963698	05/03/2017 11:18
2 TABS ORAL TID KOP	
FINAL EXP. DATE: 5/06/2017 11:18:00AM	REFILLS: 0 DURATION: 3 Days
metroNIDAZOLE 500MG TABLET 22963686	05/03/2017 11:16
1 TABS ORAL TID KOP	
FINAL EXP. DATE: 5/13/2017 11:16:00AM	REFILLS: 0 DURATION: 10 Days
MINOCYCLINE 100MG CAPSULE 22963707	05/03/2017 11:19
1 CAPS ORAL BID KOP	
FINAL EXP. DATE: 5/13/2017 11:19:00AM	REFILLS: 0 DURATION: 10 Days

**CORRECTIONAL MANAGED CARE
CLINIC NOTES**

Patient Name: GILLEY, JOHN H **TDCJ#:** 1055269 **Date:** 05/03/2017 11:08 **Facility:** STILES (ST)
He can operate his legs, staying in W/C may be detrimental to his ambulation quality.

Procedures Ordered:

Date Time	Description	Diagnosis	Comments	Special Instructions
5/3/2017 11:19AM	PROVIDER2-INTERMEDIATE OFFICE VISIT (F)	gastro-esophageal reflux disease, polyneuropathy in diseases classified elsewhere		

Electronically Signed by ADODO, CRYSTAL O. FNP on 05/03/2017.

Electronically Signed by BARBER, MARK A. DO on 05/03/2017.

##And No Others##



Texas Department of Criminal Justice

STEP 1

OFFENDER
GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2018091740
 Date Received: 2-23-18
 Date Due: 4-9-18
 Grievance Code: 601
 Investigator ID #: I2487
 Extension Date: _____
 Date Retd to Offender: JUN 8 2018

Offender Name: John H. Gilley TDCJ # 1055269
 Unit: Stiles Housing Assignment: 19 W 2
 Unit where incident occurred: Stiles

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Dir of Nursing RN Bellanger When? 2-7-18
 What was their response? About Informal Resolution of 1-30-18 visit w/ Glenn; she told me to go to PSYCH
 What action was taken? Writing this grievance

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I requested 2nd opinion regarding Neuro visit to off-site consultant
FEB 23 2018
and the off site consultants refusal to provide access to diagnostic services
FEB 23 2018
substantiating their initial prognosis. APRN @ Glenn refused and declared
FEB 23 2018
I would not receive a second opinion. Fine!
FEB 23 2018

FEB 23 2018

FEB 23 2018

FEB 23 2018

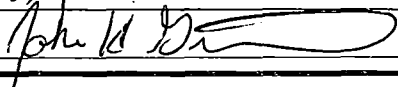
FEB 23 2018

FEB 23 2018

Action Requested to resolve your Complaint.

To be provided a second opinion as guaranteed by policy OPS statement on Step 2, by another offsite consultant.

Offender Signature:



Date:

2-8-18

Grievance Response:

Review of your medical record does not find a clinical note by Ms. Glen for 2/07/18. Your medical record reflects on 1/02/18, you were seen at HG-Neuro and also on 4/12/18. Your medical record further reflects that on 5/11/18 you were seen at HG and you had a colonoscopy and endoscopy performed. Your medical record demonstrates you are getting medical care and treatment. Your grievance is unsubstantiated.

Signature Authority:



Date:

6-5-18

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission

UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission

UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission

UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

JUL 25 2018



Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

Offender Name: John P. Gilley TDCJ # 1035269
 Unit: Stiles Housing Assignment: 19 WZ A4-24
 Unit where incident occurred: Stiles

OFFICE USE ONLY

Grievance #: 2018091740
 UGI Recd Date: 06/21/18
 HQ Recd Date: JUN 25 2018
 Date Due: 8-5
 Grievance Code: 601
 Investigator ID#: 10352
 Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because:

Response is inaccurate and non applicable to issue. I saw NP Glenn on 1-30-18. I requested 2nd opinion as I'm entitled to by responses on almost every response from OPS/PLP. HG is an outside consult only - Unit Provider is primary responsible party providing health care. HG clearly stated in encounter notes they would not worry about cause of problem, only treat symptoms. I requested a 2nd opinion/eval. Dr. Ahmed Ali Shawafeh was not present at eval on 1-2-18 as claimed in notes/billing. I never met this person, and will accept this as an error, if corrected. Also, Many issues written by Suther Krishna MD are incorrect. This is because no notes are taken, and I discussed 2 year history over thirty minutes i.e. the sudden gasping is result of stabbing pain in back. Effexor does nothing. One time I had sense of well being from med. Now I feel NOTHING, which is strange due to elevated Nor Ep & Serotonin should at least be physically felt. I've had head, neck, & back trauma. I fell down a flight of stairs 3 times at Eastham, fell off the top bunk 1 time and out the stairs of bus at Estelle.

Because of the inconsistencies of Suther, MD notes and Injury Reports and prior surgeries as well as This mystery doctor that never met me, but billed TDCJ I requested a 2nd Opinion from another consultant. Please provide. Also, Physical Exam by Dr. Weiss on 9-10-18 clearly stated pain in foot not related to foot & hand

27

If worsened, would send to neuro. Well Dr Webb left, no one picked up the bell and I'm worse.

Offender Signature: _____

Date: 6-19-18

Grievance Response: _____

A review of the Step 1 medical grievance has been completed regarding your complaint to have a second opinion regarding a neurology visit to an off-site consultant.

An appellate review of your medical grievance and clinical records show on 04/12/2018, you were evaluated in the Texas Department of Criminal Justice Neurology Clinic for your complaints of shaking and numbness. The assessment from this visit indicated your previous clinic evaluation was suspicious for malingering behavior, as the episode seen on telemedicine screen on standing up seemed to be exaggerated and unlikely to have neurological basis. The electromyography/nerve conduction velocity (EMG/NCV) electro diagnostic tests, which measure the electrical activity of the muscles and nerves, was negative and no further imaging studies were required. It was also noted you were refusing seizure and neuropathy medications. Documentation in your clinical records reflects you have been evaluated a second time for your complaint. Orders written by the doctors at Hospital Galveston are recommendations, the final clinical treatment decisions are made by the unit providers in accordance with Correctional Managed Care Policies and TDCJ Policies and Directives.

You are encouraged to work with the unit providers to ensure the best possible treatment for your health care needs. If you feel your situation requires further evaluation, you are advised to submit a Sick Call Request to the medical department.

**STEP II MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION**

Signature Authority: _____

Date: 6/28/18

Returned because: *Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted.*
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY

Initial Submission CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

OFFICE USE ONLY

STEP 1

OFFENDER GRIEVANCE FORM

w/2018091740

Offender Name: John H. Gilley TDCJ # 1055269
 Unit: Stiles Housing Assignment: 19 W 2 ✓
 Unit where incident occurred: Stiles

Grievance #: _____
 Date Received: _____
 Date Due: _____
 Grievance Code: _____
 Investigator ID #: _____
 Extension Date: _____
 Date Retd to Offender: _____

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? DA Lastrap via DHS When? 2-13-18

What was their response? Only allowed to use HQ as consultant, no 2nd opinion allowed @ HQ

What action was taken? Write Grievance,

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I requested 2nd opinion evaluation from another neurological consultant.
Statements made by OPS/PLP attest to my right, by policy to receive a 2nd
opinion. Ref grievance #2015149424, #2015154976, #2016033169 FEB 23 2018

FEB 23 2018

FEB 23 2018

Action Requested to resolve your Complaint

*To be provided a second opinion.*Offender Signature: *John R. D.*Date: *2-13-18*

Grievance Response:

Signature Authority: *Edward*

Date: _____

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☒ 9. Redundant, Refer to grievance # *2018091740 Pending*
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: *M. Christen/M. Christen*

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: *Edward* *SPM*

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: *MC*

Grievance #: *2018091763*

Screening Criteria Used: *09, 699*

Date Recd from Offender: *2-23-18*

Date Returned to Offender: *2-23-18*

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

OFFICE USE ONLY

STEP 1

OFFENDER
GRIEVANCE FORM

w/2018091740

Grievance #: _____

Date Received: _____

Date Due: _____

Grievance Code: _____

Investigator ID #: _____

Extension Date: _____

Date Retd to Offender: _____

Offender Name: John H. Gilley TDCJ # 1055269
 Unit: Stiles Housing Assignment: 1962 ✓
 Unit where incident occurred: Stiles

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? PA Lasttrap - Dms appt When? 2-13-18
 What was their response? Would not refer me back to provider, even though she could not provide evaluation.
 What action was taken? Write this grievance.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I request evaluation regarding excessive diarrhea via SCR. I've already been diagnosed with functional diarrhea via GI Clinic @ HG. During the evaluation, I requested additional toilet paper every week, one roll is not enough. Lasttrap informed me that only the unit could make that assessment, and I needed the unit provider to evaluate me. I requested a referral back to the unit provider due to her inability to provide a full evaluation Regarding my SCR, Lasttrap refused to do so, FEB 23 2018

I put in a SCR, see an off site consultant via DMS, and am not only refused healthcare (A-2-1), but am refused a referral to someone that can provide healthcare (A-2-1), FEB 23 2018

FEB 23 2018

FEB 23 2018

Action Requested to resolve your Complaint.

To be provided healthcare (A-2.1) and be properly evaluated by a provider that may render a decision and provide a treatment plan via documented care delivery methods.

Offender Signature: [Signature]

Date: 2-15-18

Grievance Response:

Signature Authority:

Date:

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☒ 9. Redundant, Refer to grievance # 2018091740 pending
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: [Signature]

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: [Signature] SPM

OFFICE USE ONLY

Initial Submission UGI Initials: MC

Grievance #: 2018091770

Screening Criteria Used: 09, 699

Date Recd from Offender: 2-23-18

Date Returned to Offender: 2-23-18

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

Texas Department of Criminal Justice

STEP 1 OFFENDER GRIEVANCE FORM



OFFICE USE ONLY

Grievance #: 2018107134
 Date Received: MAR 26 2018
 Date Due: 5/10/18
 Grievance Code: 618
 Investigator ID #: _____
 Extension Date: _____
 Date Retd to Offender: JUN 25 2018

Offender Name: John H. Gilley TDCJ # 1055269
 Unit: Stiles Housing Assignment: 19182 ✓
 Unit where incident occurred: Stiles

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Dr. K. Suthar When? 1-2-18
 What was their response? Prescribed two meds Gabapentin and Kefra
 What action was taken? Writing this grievance.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

My grievance is simple. I saw neuro @ HG because Stiles
Unit has no person trained in this field. During the appt
I met Dr. Suthar, the facility member. He told me that
I needed Kefra and Gabapentin to help stop muscle spasms.
The idiots employed here @ Stiles Unit infirmary have decided
that they are Neuro specialists and only decided to order
the Kefra. Here, I don't have any rights. A specialist here at
Stiles changed the treatment plan, and said screw the patient, No body
at the Stiles unit infirmary has to discuss the treatment plan with
the patient, has to tell the patient what is wrong with him, or why he
spent two days @ HG, or why HG ordered the meds and got the wrong
formulary med (gabapentin) approved, only for the Stiles unit staff to refuse

to provide the pills, I went to HHS at LA 18 returning 1-3-18 at 6:09am. NP Emma Glenn ordered Levetiracetam at 6:48am. I was not a participant nor was I notified in the treatment plan or process. MAR 26 2018

MAR 26 2018

Until I've had this new treatment plan explained to me, I refuse to participate in Stiles Unit Bullshit glassy game.

MAR 26 2018

See you in court soon!!! MAR 26 2018

Action Requested to resolve your Complaint.

Be provided medical care as outlined by Texas Med Board and A-2.1, a licensed Medical Doctor.

Offender Signature:

Date:

Grievance Response:

In reviewing your medical record, you were seen by Hospital Galveston neurology on 4/12/18 and it is noted in your medical record that you are refusing seizure medication and medication for neuropathy (gabapentin). There were no medication changes for this visit. Medical providers deem what is necessary at the time of the visit. Your grievance is unsubstantiated.

Signature Authority:

Date: 6-22-18

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

OFFICE USE ONLY

Initial Submission

UGI Initials: _____

Grievance #:

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission

UGI Initials: _____

Grievance #:

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission

UGI Initials: _____

Grievance #:

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

JUL 2 5 2018



Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

Offender Name: John H. Gullen TDCJ # 1055269
 Unit: Stiles PI Housing Assignment: 1962A4241
 Unit where incident occurred: Stiles

OFFICE USE ONLY

Grievance #: 2018107134
 UGI Recd Date: JUN 27 2018
 HQ Recd Date: JUN 28 2018
 Date Due: 8/11/2018
 Grievance Code: 618
 Investigator ID#: 10352
 Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

Responder Edward Delone clearly cut and paste the notes from Humaid Hasan MD - ~~MD~~ in ~~MD~~ I visited with him for only 3-5 minutes, in which I attempted to stand. My legs shake violently. I told him I had side effects from Peper and never received Gabapentin. What I possess is the orig SCR from 1-3-18 which I spoke to NSC about side effect which was extreme aching/pain in back down to back of legs I was scheduled for Glenn, On 1-11-18 Glenn a no show, I was never rescheduled I submitted SCR 1-15-18, 1-16-18, 1-17-18, 1-18-18, 1-23-18. ~~On~~ I saw Nurse Overstreet on 1-19-18 about problems with Peper. Still waiting for provider (MCP) as NO MD reports to work @ Stiles. I was told I had an appt for 1-23-18, but I was never notified via layin or call out. I submitted another SCR on 1-26-18, 1-28-18 twice, lots of SCR, two NSC, I finally saw NP Emma Glenn and she refused to provide a substitute for the Peper. There is like 5-6 formulary seizure med to choose from. No care provided, I requested for a dialogue to be opened with NS neuro to request a substitute. She refused, citing time constraints. She then told me Nurse said I was faking. Well then run a wheelchair committee, and make this the formal diagnosis. She refused. Now NS writes I refuse to uphold patient responsibilities. Bullshit! Prescribe a sub for Peper, and monitor, I'll try it, prescribe the Gabapentin I try it. Provide continuity of care not make me submit 10 SCR

I-128 (Front) (Revised 11-2010)

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

(OVER)

Appendix G

(31)

**Also went to psych and asked for a sub for 4 hours since medical wouldn't provide; wanting to take Tegradol, not really to see a bitter NP Glenn that refuses to provide care. Also, am also grieving the refusal to provide diagnostic services. I didn't have the spasms until June, being unable to stand since Nov 1, 2018. Instead of throwing pills at me, why not another, more thorough EEG, MRI, CAT-SCAN something!*

Offender Signature: John D. Bitley Date: 6-25-18

Grievance Response

A review of the medical grievance and documentation has been completed regarding your complaint on 4.12.18. You are requesting to see medical doctor. To remedy this, you are requesting all treatment changes to medication be discussed with you.

According to your medical documentation, there has been no change in medications or to your treatment plan from neurology in Hospital Galveston.

Documentation in your medical records indicates you have been afforded the access to proper medical care in accordance to Correctional Managed Health Care (CMHC) policy E.37.1. If you feel your situation has changed to warrant further evaluation, you are advised to submit a Sick Call Request to the medical department.

STEP II MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION

Signature Authority: _____ Date: 7/6/18

Returned because: **Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY	
Initial Submission	CGO Initials: _____
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	
2nd Submission	CGO Initials: _____
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	
3rd Submission	CGO Initials: _____
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	

To: Medical Director

Sunday

1-28-18

From: John A. Gilley

1055269

1912

RECEIVED
JAN 29 2018

You were scheduled to see a
unit provider soon.

L. Midkiff

By HSM ^{1/29/18} I'm demanding a second opinion of

HG Neuro outpatient clinic. Dr Suthar - the head - refused
to perform any diagnostic procedures to diagnose the severe
muscle spasms and uncontrolled muscle movements. Since he
runs the clinic, I'm depending on the Unit Provider to provide
Access to Diagnostic Services (D29.1) through alternative Consultant.
(22)

JUL 25 2018



Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

Offender Name: John H. Bailey TDCJ # 1055269
 Unit: Stiles PXHG Housing Assignment: 19W2
 Unit where incident occurred: Stiles

OFFICE USE ONLY

Grievance #: 2018092064
 UGI Recd Date: JUN 22 2018
 HQ Recd Date: JUN 26 2018
 Date Due: 08-06-2018
 Grievance Code: 613
 Investigator ID #: 10352
 Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because...

TDCJ staff did not intervene and review the C.C.T.V. footage to stop the practice of falsifying medical records by UMB-CMC staff. There is no security log book recording the arrival and departure of offenders. When an offender arrives at the infirmary, lay-ins are collected and placed in a bin on a desk. Common practice is if a M.P. is unable to see you for the scheduled appt, instead of rescheduling, it is easier to mark you a no-show.

In this case review of footage would have verified where I was on 12-18-17 because if I wasn't at the clinic I was OUT OF PLACE. I also went through one count in the morning.

I have other grievances that I've submitted regarding this issue because of the improper handling of SCR and the fact that many times I have to wait twenty to thirty days to see a provider. To do this, falsifying records is occurring.

And whether I've seen multiple providers since then is irrelevant, since I've had to submit more SCR to make this happen.

Any record kept for an offender is governed by Penal Code 37.09. I was there at clinic, as recorded by CCTV. Staff is refusing to use video cameras to hold these nurses accountable for

what they do. C.O.'s are prosecuted when they are caught breaking the law or violating the PD-27 Medical Personnel should be under the same scrutiny. This is not a simple CPHC policy violation where my appointment wasn't rescheduled. A lie was recorded in the EMR by a medical professional contracted by a State agency, because of slothfulness. Please hold the responsible party accountable, I am sure the taxpayer would be thankful.

Offender Signature: John H. Gulley

Date: 6-20-18

Grievance Response

A review of the Step 1 medical grievance has been completed regarding your report you were denied proper medical care and access to a provider on 12-18-2017.

According to the documentation, the appellate review of the medical grievance supports the response provided at the Step 1 level. There is no documentation to dispute the medical departments account you were a no show for your medical encounter on 12-18-2017. There is documentation to show you have received proper medical care, both before and after the date in question.

Should you feel your medical concerns require further evaluation, you may submit a Sick Call Request to the medical department.

**STEP II MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION**

Signature Authority:

Date:

6/29/18

Returned because: *Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate. *

CGO Staff Signature: _____

OFFICE USE ONLY

Initial Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 1

OFFENDER
GRIEVANCE FORM

Offender Name: John H. Gilley TDCJ # 1055269
 Unit: Stiles Housing Assignment: 19 W 2
 Unit where incident occurred: Stiles

OFFICE USE ONLY

Grievance #: 2018091697
 Date Received: 2-23-18
 Date Due: 4-9-18
 Grievance Code: 608
 Investigator ID #: I2487
 Extension Date: JUN 06 2018
 Date Retd to Offender: _____

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Dir of Nursing Bellange, RN informal resolution When? 2-6-18
 What was their response? Said she refused to believe the Nurses would do this,
 What action was taken? Writing Formal Complaint

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

- 1) On 1-22-18, Monday, I went to medical appt at E2.
- 2) When I came back at 3:30 pm, I spoke to Asst Practice Manager Williams, about the refusal of nurses to schedule assessment by MCP after 1-22-18 HG Neuro Appt in which I put in SCR on 1-3-18, rec'd 1-5-18, NSC on 1-6-18, appt set for 1-11-18, but APRN a NO SHOW. He told me to send a SCR addressed to The Dir of Nursing so that she would know. RN Midkiff RN intercepted and responded I was schedule for an eval on 1-23-18. SCR was stamped received 1-23-18, I could not have received this SCR until 1-24-18. FEB 23 2018
- 3) When an offender leaves a unit, all printed lay-ins are cancelled. This appointment was scheduled on 1-20-18. When I left the unit on Monday morning, before 7:30 AM, the lay-in would not have been printed, as I was not assigned to unit. The nursing staff understands these nuances.
- 4) For me to be able to know an appointment existed, the chain nurse should have notified me, and given me a return to clinic pass, as the ROSS subsystem would not have been able to generate a lay-in -- it was too late. This did not happen. FEB 23 2018
- 5) For RN Midkiff to clearly process SCR, put in box around 400 pm on 1-22-18, before scheduled appt on 1-23-18, she knew I should have been called out. FEB 23 2018

This is a continuation of RN Midkiff's past use of PEARL EMR/PRS and government documents to paint a picture, a fictitious picture of noncompliance by the patient to adhere state patient responsibilities. When in fact, RN Midkiff uses a I-60 to clearly state I missed my appointment with Provider on 1-23-18. Appt not resched.

When in fact on 1-22-18 upon arrival to unit, chain of command should have stated that an appt sch'd on Sat 1-20-18 for 1-23-18. I would need a return to clinic pass because layins had already been printed in the courtroom before my returning.

FEB 23 2018

This never happened. This falsifying government documents, and entering fictitious data into PEARL EMR/PRS has been going on since I've gotten here. When will it stop? This is like my fifth grievance, maybe more, about this issue, and Midkiff RN always signs the government documents.

FEB 23 2018

Action Requested to resolve your Complaint.

Stop the criminal activity, and change the culture of Infirmary to one of responsible healthcare provisioning

Offender Signature:

John A. D.

Date:

2-8-18

Grievance Response:

Your medical record reflects you were transported to the Estelle Unit on 1/22/18 for an optometry appointment, but the appointment was cancelled after you became belligerent and started cursing security officers in B-wing hallway at Estelle. Your medical record further indicates you were seen by E. Glen, NP at 0854 on 1/30/18 and the same day you were seen by S. Smock, FNP at 13:40 hours. Your medical record reflects your medical issues are being addressed and care provided. Your grievance allegation is unsubstantiated.

Signature Authority:

Kent D. D.

Date:

6-5-18

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because:

*Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission

UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission

UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission

UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

JUL 25 2018



Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

Offender Name: John K Gilley TDCJ # 1055269
 Unit: Stiles PHG Housing Assignment: 19 W2A4-24
 Unit where incident occurred: Stiles

OFFICE USE ONLY

Grievance #: 2018 09/16/97
 UGI Recd Date: JUN 22 2018
 HQ Recd Date: JUN 26 2018
 Date Due: 08-06-2018
 Grievance Code: 608
 Investigator ID #: I0352
 Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because...

whatever occurred at Estelle is irrelevant to the issue, that I'm grieving. Period. I was seen on 1-30-18 by Glenn and Smock because of several more SCR submitted by me. I had been submitting SCR since 1-3-18.

The issue I grieved was the nursing staff falsifying medical records/government documents, not following several CMHC policies, i.e. - E-37.1, E-37.3, E-42.1, E-42.2 E-32.1

I stated the condensed history of nursing staff failing to do their job - proper reschedule when Glenn a no show on 1-11-18. My attempt to use policy A-12.1 to attempt an informal resolution with Dir of Nursing which was intercepted and answered by R. M. Mitty. There was no chair nurse on 1-22-18 that met me. That is ~~why~~ a part of the reason I never knew of 1-23-18 appt. Yet I was marked a no show. By the way, I was marked a no show for 1-11-18, even though I showed up review CCTV footage, and no reschedule occurred. I had to submit another SCR, which I was never notified of 1-23-18 appointment and again marked a no show. Both entries of no show are lies recorded into ETR/PRS by nursing staff, by falsifying records

(38)

not doing job I'm being denied medical care according to contract / IAB policies.

In your Step 1 medical grievance, you stated you were denied access to medical care on 01/22/2018. You are requesting to have this appointment rescheduled.

Review of the health record reveals documentation to support the response at Step 1. Though you and your healthcare providers may differ in opinion regarding your needs and the medical treatment rendered, these decisions are ultimately the responsibility of the facility providers. Documentation in the medical record indicates you have been afforded access to proper medical care in accordance with ~~Offender's Managed Health Care Policy E-37.1. While you have the right to refuse medical treatment in accordance with Correctional Managed Health Care Policy I-71.1, such refusals can limit the provider's ability to treat you for your medical complaint and may affect your~~ *Offender's Managed Health Care Policy E-37.1. While you have the right to refuse medical treatment in accordance with Correctional Managed Health Care Policy I-71.1, such refusals can limit the provider's ability to treat you for your medical complaint and may affect your* ~~Grievance Response.~~

You are advised to submit a Sick Call Request if you feel your condition has changed to warrant further evaluation.

Signature Authority:

Date:

Returned because: *Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate. *

CGO Staff Signature: _____

OFFICE USE ONLY

Initial Submission CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

Sept 4, 2018

25

From: John H. Gilley 1053269
424

I spoke to you last month regarding the MRI & walking
committee. I expected to be layed in for today to discuss
the outcome of your discussion w/ Abrams PhD. This didn't happen &??
to my previous I to O, I'm unable to

I've also received no response to my request to get under the bed as well as other areas of my cubicle. I need a reacher to be able to retrieve items I regularly drop due to constant spasms. I also need a big seat cushion. I need to discuss an egg crate mattress with Alvin. I'm in need of a slender cup, especially on this unit a big mouth bottle is contraband.

5. sharply drop due to
 Scheduled POC Consulted
 9/10/18. *Dr. [Signature]*
 with Abraxa *Ph.D.* due to the constant
 neck.

SEP 7 AM 12:30 *[Signature]*

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Texas Department of Criminal Justice

STEP 1 OFFENDER GRIEVANCE FORM

Offender Name: John Henry Gilley TDCJ # 10552169
 Unit: Stiles Housing Assignment: 19W240H
 Unit where incident occurred: Hospital Galveston

OFFICE USE ONLY

Grievance #: 201817846
 Date Received: APR 16 2018
 Date Due: 05/31/18
 Grievance Code: 437
 Investigator ID #: 2383
 Extension Date: 07-15-18
 Date Retd to Offender: SEP-11-2018

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Nurse Nora, LVN When? 4-5-18

What was their response? sent me to Dr. [unclear] (don't remember Dr name due to seizure)

What action was taken? filing this complaint

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I spoke to LVN Nora upon arrival to UTMB outpatient ortho-foot clinic. I described the severe problems I was experiencing due to the right and left achilles debridement. When I try to stand, I experience uncontrolled muscle movements, convulsions, gasping for air. It got so bad in Jan 31/2018 I went into convulsions for two hours, which TDCJ should have provided to the clinic to fascillitate my treatment. APR 16 2018

In Jan 2017 I came to a routine pulmonary appt at Hospital Galveston and spoke to LVN Nora. I explained I needed to see ortho foot due to problems I had been having during my rehabilitation. I've been trying to get another appointment through the Stiles Unit Clinic. I had to put in a SFR to the ADS designee Dr. Abrons, over on Jester III. When I met with Dr. Abrons for a physical therapy assessment (PMR), I asked for a walking committee, G-59.1 Attachment A, to get the licensed medical doctors of UTMB/UTMB-CMC to assess my condition, provide treatment plan & diagnosis. APR 16 2018

The doctor that LVN Nora sent me to see asked what my problem was. I told him the above symptoms. He asked me to stand. I went into convulsions. When it subsided he told me I was having neurological seizures. He told me to work with Neurology. I told him I never had this before until I had the foot surgeries. In fact, it was after the right foot surgery. Now I can't walk after they provided treatment. His response was that he saw no infection, and my foot moved. Then he stated that I was released to put as much pressure on my foot as I could stand. No diagnostic procedures were performed to substantiate this assessment. APR 16 2018

In light of my lack of ability to even stand up, I was surprised at the hand off. Maybe something was done on accident, crossing a nerve. APR 16 2018

I'm a healthy man, otherwise, with no history of any type of seizures. I have two years left on a 20 year sentence for murder. I work in the Data Comm Field and need my legs to work. I believe that I've been caught up in a living cadaver program that allows UTMB to be paid industry standard wages to educate students by the Texas Government and through the suffering of TDCJ offenders by unknowingly consenting to surgical procedures they may not even need, or agreeing because the offenders have been denied care until they are at the most serious level of need of treatment and agree to anything. APR 16 2018

Action Requested to resolve your Complaint.

Be provided a opinion by a different licensed medical specialist not affiliated with TDCJ, UTMB/UTMB-LMC, or the CMCAC Contract.

Offender Signature: John H. Gilley

Date: 4-13-18

Grievance Response:

- Offender Gilley, review of your medical records reveals that you have been seen on numerous occasions by different providers. Clinical decisions are based on the professional judgment of the provider rendering care as well as clinical examination of the patient. You currently have upcoming specialty clinic appointments with Neuro, GI, and OT. Should you have any issues that need to be addressed, please submit a SCR at your unit of assignment and you will be scheduled accordingly. No further action warranted at this time.

Signature Authority:

Edward D. [Signature]

Date: 8/29/18

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 2

OCT 19 2018

OFFENDER
GRIEVANCE FORM

Offender Name: ⁶ John H. Gilley TDCJ # ~~1055209~~
 Unit: Pack 1 Housing Assignment: ~~424~~ 2-210
 Unit where incident occurred: Hospital Galveston.

OFFICE USE ONLY

Grievance #: 2018117046
 UGI Recd Date: SEP 25 2018
 HQ Recd Date: OCT 01 2018
 Date Due: 11/10/18
 Grievance Code: 637
 Investigator ID#: I0352
 Extension Date:

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

Respondent is quite clear, I've been seen numerous times. I've not been treated. I still languish in a wheelchair, with no treatment plan - and a stone wall for any medications that might help. There is no continuity of care, nor any attempt to provide the necessary medical care needed for me to walk again.

I can list the many, many times I seen a provider, only to receive a bag of NON ASPERSEN. I still don't know how I got into this mess rather than receiving medical care from UTMB Health CMC.

The upcoming Neuro appt. ~ I'm still unable to receive substitutes for the Keppra & Gabapentin. Its Sept. I've seen more nurses and one doctor, and nothing there.

The GI clinic ~ what a farce. If Ludhra, MD had the common sense to perform a biopsy in Oct '15, I would know I have a bacteria residing in my intestines instead of GERD. Three years of Omeprazole & Pantidine, which really don't work. No other treatment provided nor am I given the education to handle this permanent bacteria issue. I'm being kept blind.

OT. Well, Well... I'm finally getting a W/C cushion. After the all day muscle spasms and my back staying clenched, you

would think I do quality for an egg crate mattress. I can't get on the floor, a reacher is needed. I spill food and drink daily, I asked for a sippy cup. I get nothing. Seeing me is not treating me. My condition has only been on a downward slide since I got sick in May of 2017.

Offender Signature: John W Dille

Date: 9-24-18

Grievance Response:

A review of your medical grievance and documentation has been completed regarding your complaint of needing to see an outside neurologist for evaluation of your constant convulsions and inability to walk well.

You have been afforded many evaluations from unit providers and physicians over the past couple years. You also have seen a Neurologist in Hospital Galveston and will continue to have referral appointments there with occupational therapy. You have been afforded many tests and medications to correct this problem. According to policy E.44.2, you are afforded an appointment with a specialist at your own expense.

These issues have been recently addressed in medical grievances 2018091669 and 201809166. No further action is warranted at this time through the medical grievance process.

**STEP II MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION**

Signature Authority: _____

Date: 10/4/18

Returned because: **Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted.*
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY

Initial Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

OFFICE USE ONLY

STEP 1

OFFENDER GRIEVANCE FORM

Offender Name: John W Dillay TDCJ # 1055269
 Unit: Pack 1 Housing Assignment: X-2-26
 Unit where incident occurred: Pack 1

Grievance #: 20908222
 Date Received: OCT 30 2018
 Date Due: 12-14-18
 Grievance Code: 1047
 Investigator ID #: 2647
 Extension Date: _____
 Date Retd to Offender: NOV 13 2018

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? NP - ~~Chukwumerije~~ Chukwumerije When? 22 Oct 2018
 What was their response? Asked me to leave
 What action was taken? Document refusal E-3 fil through grievance process. OCT 24 2018

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

MLP Chukwumerije refused to address several issues I clearly stated on SCR - request for 2nd EMG/NCV on Nerves from back to arms to hands. I also requested another EMG/NCV from back to legs - increased pain; touch causes back spasms by touching quadriceps (top of leg) OCT 24 2018

Resubmitting this grievance is regarding 1st EMG/NCV 2nd Opinion as symptoms

TEXAS DEPARTMENT OF CRIMINAL JUSTICE HEALTH SERVICES DIVISION SICK CALL REQUEST

To Bellanger
Nursing Manager

PART A: (To be completed by offender)

Offender's Name: Gilley John Henry Date: 1-22-18
 Work Assignment: _____ TDCJ No.: 1055269
 Wing No: 19W2 School Hours: _____ Work Hours: _____

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other:

Reason for Health Services Appointment: I need to see a provider, I saw NSC on 1/16, was lay in to see Glenn on 1/11, but then saw another NSC on 1-19

How long have you had this problem? Hours: _____ Days: _____

"In accordance with state law, if this visit meets offender annual health care services fee criteria, I understand that my trust fund account may be charged a \$100 health care services fee. I also understand that I will be provided access to health care services regardless of my ability to pay this fee."

Signature of Offender

RECEIVED
JAN 23 2018

Part B: (To be completed by medical personnel - Do not write below this line)

Medical Reply: You are scheduled for evaluation 1/23/18

BY: _____



Texas Department of Criminal Justice

OFFICE USE ONLY

STEP 1 OFFENDER GRIEVANCE FORM

Grievance #: 209028222

Date Received: OCT 30 2018

Date Due: 12-14-18

Grievance Code: 1047

Investigator ID #: 2647

Extension Date: _____

Date Retd to Offender: NOV 13 2018

Offender Name: John W Dillay TDCJ # 1055269

Unit: Pack 1 Housing Assignment: X2-26

Unit where incident occurred: Pack 1

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? NP - ~~Chukwumerije~~ Chukwumerije When? 22 Oct 2018

What was their response? Asked me to leave

What action was taken? Document refusal E3 fil through grievance process. OCT 24 2018

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

OCT 24 2018

MLP Chukwumerije refused to address several issues I clearly stated on SCR - request for 2nd EMG/NCV on Nerves from back to arms to hands. I also requested another EMG/NCV from back to legs - increased pain; touch causes back spasms by touching quadriceps (top of leg) OCT 24 2018

Resubmitting OCT 24 2018

This grievance is regarding 1st EMG/NCV 2nd Opinion as symptoms are worse, and my right by policy/past statements by DPS. I've filled no prior grievance out about this Nerve test.

② You should read the entire line:

Submission in excess of 1 every seven days with the exception of disciplinary appeals, medical grievances, and emergency grievances. OCT 24 2018

This is GOM Appendix B

OCT 24 2018

OCT 24 2018

OCT 24 2018

(OVER)

42

Appendix F

Offender Signature: 

Date: 11-26-18

Grievance Response:

A review of the medical grievance and documentation has been completed regarding your complaint your medical issues are not being addressed by the unit provider. To remedy this, you are requesting for all of your medical complaints to be addressed.

An appellate review of the medical grievance and clinical record indicates the response at Step 1 is appropriate. Upon review of your electronic health records, documentation from 10/22/2018 notes EMG/NCV was negative and no further studies are required. You refused seizure and neuropathy medications along with refusing Tegretol, Keppra, Cymbalta, and Effexor, and wanting to try something else for back pains. The provider prescribed divalproex for thirty days. Furthermore, all of your sick call requests (SCR) have been answered or responded to as per policy requirements. Please remember it is up to the provider as to whether you need further evaluation at the time of the medical visit. No care has been denied or delayed as you have received adequate medical attention for your issues.

Documentation indicates since the time the Step 1 medical grievance was answered, you have continued to be seen in accordance with Correctional Managed Health Care Policy E-37.1. If you feel your situation has changed to warrant further evaluation, you are advised to submit a Sick Call Request to the medical department.

**STEP II MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION**

Signature Authority: _____

Date: 12/4/18

Returned because: *Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted.*
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY**Initial Submission**

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

HEALTH SERVICES DIVISION

SICK CALL REQUEST

PART A: (To be completed by offender)

Date: 1/18/18Offender's Name: John H. GilleyTDCJ No.: 1055269Work Assignment: NAWork Hours: Wing No: 19 W2School Hours: Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other:Reason for Health Services Appointment: Neuro eval & new treatment plan since change
Sinusitis eval & new treatment plan since med changed

How long have you had this problem?

Hours: Neuro - 1-2-18Days: 16 days } waiting forSinusitis - 12-16-1833 days } multiple SCR tobe responded to.

"In accordance with state law, if this visit meets offender annual health care services fee, I understand that my trust fund account may be charged a \$100 health care services fee. I also understand that I will be provided access to health care services regardless of my ability to pay this fee."



JAN 19 2018

Signature of Offender

BY:

Part B: (To be completed by medical personnel - Do not write below this line)

Medical Reply: 1/19/18 AS ON Sick call dated 1/19/18 - Scheduled
NSE Release Nurse & Refused to Report
on 1-20-18 (35)

Medical Staff Member's Signature

DEPARTAMENTO DE JUSTICIA CRIMINAL DE TEXAS
DIVISION DE SERVICIOS MEDICOS
PETICION PARA TRATAMIENTO MEDICO

PARTE A: (Completado por ofensor)

Fecha: _____

Nombre de ofensor: _____

Numero de TDCJ.: _____

Trabajo: _____

Horas de trabajo: _____

Ala del edificio: _____ Horas de escuela: _____

Servicios necesitados: ☐ Medico ☐ Dental ☐ Salud Mental ☐ Otro: _____

Razon para tratamiento de servicio de salud: _____

Cuanto tiempo tiene con este problema? Horas: _____ Dias: _____

"De acuerdo con la ley estatal, si esta visita encuentra al delincuente criterios de honorarios de servicios de asistencia médica anuales, entiendo que mi cuenta de fondo fiduciario puede ser cobrada unos honorarios de 100 dólares. También entiendo que me proporcionarán acceso a servicios de asistencia médica sin tener en cuenta mi capacidad de pagar estos honorarios."

Firma del Ofensor

Parte B: (Completado por personal medico – No escriba debajo de esta linea.)

Respuesta Medica: _____

 Firma del Miembro de Empleados Medicos

 Fecha

Texas Department of Criminal Justice

OFFICE USE ONLY



STEP 1

OFFENDER GRIEVANCE FORM

Grievance #:

2019025352

Date Received: OCT 24 2018

Date Due:

12-08-18

Grievance Code:

602

Investigator ID #:

2647

Extension Date:

Date Retd to Offender: NOV 15 2018

Offender Name: John Harry Billy TDCJ # 1055269

Unit: Pack1 Housing Assignment: 2-26

Unit where incident occurred: Pack1

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? NP Chukwumerije When? Mon 22 Oct 2018

What was their response? I'm medication shopping.

What action was taken? Writing this complaint, documenting refusal to provide effective treatment.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

Chukwumerije clearly showed deliberate indifference to my medical needs i.e. treating symptoms that keep me in a wheel chair. Chukwumerije intentionally provided no medical treatment and when I informed her that she was doing so, she checked my vitals and assessed my issue. The provider noted jerky movements to your upper body, and prescribed you Dilavox 250mg. If your issue worsens submit a sick call no further action warranted.

disregard for my serious medical need, by ordering me out of office. Koltak, Ecker, or Strickland Manager submitted 18 Oct 2018 regarding need for treatment for Neuro symptoms. She stated I had been refusing Kepra and Gabapentin. (Her statement is incorrect and I have documentation to prove otherwise). I asked for substitutes due to side effects of Kepra & 1st sub Tegretol. I also asked for substitute for gabapentin. On this, the pharmacy recommended Primidone. She refused to follow Pharmacy recommend (a formulary agent). I asked for treatment, I was willing to take recommend Neuro meds. My situation is bad. My back hurts @ a 10 and the spasms are whipping my head back and forth. The shooting pain from my back down my legs and down my arms. She refused to provide recommend Neuro treatment. Her choice by A-Z. Now, the wanton disregard for my medical condition is displayed when she offers - Tegretol or depakote or effexor or synbatta - my choice.

I've been on the MH case load for eighteen years. I've had these drugs when I was physically healthy, and have documented side effects for these drugs (except Synbatta until recent). When

I asked the MLP to look at my past prescription dates and the listed reasons for being discontinued, she refused - saying she didn't care. She never addressed my need to stop the severe muscle spasms ~ extreme spasticity of my back - documented by neuro -. I don't have seizures, nor has anyone stated I do.

Action Requested to resolve your Complaint:

To have medical provide effective treatment to symptoms note drug interactions, past drug use, reason for D/C and be aware of history in entirety.

Offender Signature: John M. Dully

Date: 24 Oct 2018

Grievance Response:

You submitted a sick call on 10/19/18 requesting to be seen by provider regarding nerve issues. The provider saw you on 10/22/18 reviewed your chart and assessed your issue. The provider noted jerky movements to your upper body, and prescribed you Divalproex 250mg. If your issue worsens submit a sick call, no further action warranted.

Kolton Stoker, Sr. Practice Manager

Signature Authority:

K Stoker

Date: 11/12/18

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 2

OFFENDER GRIEVANCE FORM

Offender Name: John A. Valley TDCJ # 1855269
 Unit: PACK 1 Housing Assignment: 2-24
 Unit where incident occurred: PACK 1

OFFICE USE ONLY

Grievance #: 2019025352
 UGI Recd Date: 11-27-18
 HQ Recd Date: NOV 30 2018
 Date Due: 1/1/19
 Grievance Code: 1002
 Investigator ID#: 10352
 Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

during this medical visit M.P. Chuchurmerise clearly was disinterested in providing effective care. Many of these psych meds, I've already taken while on the MP caseload, before I had any physical issues. The side effects didn't change. And then she prescribed me a med I already had GI issues with (MD), and was taken off of. And when I clearly asked to take the recommended neuro meds, she refused. When I asked to take the recommended meds by pharmacy, she refused. Instead, she prescribed a med that would clearly cause addition symptoms to arise ~ seeking to harm me instead of provide effective medical treatment.

Offender Signature: John MBDate: 11-26-18

Grievance Response:

A review of your medical grievance and documentation has been completed regarding your request for medical to provide treatment of muscle spasms and nerve issues.

According to the medical documentation, you have continued to be seen by medical providers and changes have been afforded to your medical treatment as requested. You were seen by Hospital Galveston Neurology and it was determined your condition was Myoclonus versus Hyperplexia. Assessment of telemedicine screen on standing up seems to be exaggerated and unlikely to have neurological basis. Your last EMG and nerve conduction studies have been negative. You were assessed by the unit provider on 10/24/2018, and will be referred back to neurology. Your medication has been changed back to Tegretol as requested. Your issues have previously been responded to in the offender grievance #2018117846. No further action is warranted at this time through the medical grievance process.

All policies and procedures have been followed. Documentation in the medical record indicates you have been afforded access to proper medical care in accordance with Correctional Managed Health Care Policy E.37.1. You are advised to submit a Sick Call Request if you feel your condition has changed and warrants further evaluation.

STEP II MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION

Signature Authority: _____

Date: 12/16/18Returned because: **Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY**Initial Submission**

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 1

OFFENDER
GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 201907081

Date Received: OCT 08 2018

Date Due: 11-22-18

Grievance Code: 604

Investigator ID #: 2515

Extension Date:

Date Retd to Offender: OCT 24 2018

Offender Name: John H. Gilley TDCJ # 1055269

Unit: Pack 1 Housing Assignment: 2-26

Unit where incident occurred: Pack

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? NP Lindsay When? 10-5-18

What was their response? Neuro still hasn't set appt, requesting info

What action was taken? Write this grievance.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I'm not being provided healthcare needed to control symptoms seen by Suther MD, Chesian, MD ~ the only two residents that evaluated me physically on 1-2-18. To treat symptoms Kepra 500mg 2x daily and Gabapentin 600mg 2x daily were placed on EMR/PRS screen due to severity of symptoms seen by MD @ 11/17.

① Kepra caused severe side effects. I'm currently on Tegretol, it's not relieving the spasticity in my back or adequately controlling the severe spasms. I was evaluated by Dr Henderson on Stiles Unit. He clearly stated the Tegretol wasn't working, and prescribed diazepam. The Pharmacy deferred pending next Neuro appt.

② I've never been provided the ~~appt~~ opportunity to take gabapentin. The Pharmacy denied request. When I submitted grievance #2018091669 the response was that the formulary agent "Primidone" had not been tried; since I've exhausted ALL OTHER Formulary agents. The Provider does not agree with the Pharmacist who has told me that they have submitted three separate requests for an appt (NP Lindsay).

Since 1-2-18 no care has been provided to arrest my symptoms. And on grievance #2018091669 I was told by respondent I had an appt pending.

To restate issue, I'm not being provided effective healthcare to treat

visible symptoms by DMBHEALTH

Action Requested to resolve your Complaint.

Provide necessary medical care to control symptoms, and have HG Neuro ~ Pharmacy ~ Provider provide this timely, continuous care.

Offender Signature: John W. Gilley

Date: 10-7-18

Grievance Response:

Offender Gilley,

Clinical decisions are made by the provider rendering care after review of your medical history and complaint. You were seen on 10/5/18 for a medication change to Primidone, assessed for glasses, discuss EGD/biopsy results, and need chlophin and non-aspirin. The provider reviewed results with you, ordered visual acuity, and prescribed Acetaminophen, Chlorpheniramine, Proventil HFA Inhaler, and fiber lax. If your issues worsen, submit a sick call. No further action warranted.

Signature Authority:

K. Stiller

Date: 10/8/18

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 1

OFFENDER GRIEVANCE FORM

Offender Name: John H. Gilley TDCJ # 1055265
 Unit: Stiles Housing Assignment: 19W2
 Unit where incident occurred: Stiles

OFFICE USE ONLY

Grievance #: 2018091717
 Date Received: 2-23-18
 Date Due: 4-9-18
 Grievance Code: 001
 Investigator ID #: I2487
 Extension Date: JUN 06 2018
 Date Retd to Offender: _____

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Dir of Nursing RN Bellanger When? 2-23-18
 What was their response? ASST RN Granger, Sure Porcel to have onsite MLP eval; go to Psych
 What action was taken? Writing this formal complaint

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

~~On 1-31-18~~ On 1-31-18, at 19W2, view CCTV footage, I had made three attempts to stand, since the day before APRN Glenn clearly told me nothing was wrong, I had Mental Health problems that kept me in a wheelchair. The first two attempts resulted in 10 to 20 seconds of spasms, muscle locking. On the third attempt, around 5:40 am resulted in severe spasms, clenching. I was picked up by RN Granger and someone else. I could NOT OPEN MY EYES until 7:40 am. I was coherent the whole time. I felt that my back was going to break in two. I thought my left elbow would tear. I lost the tendon in my left pinky. FEB 23 2018

RN Granger refused to allow MLP Dunlop or Egeesi to evaluate my condition. RN Granger documented in her notes I had a Mental Health episode. She provided no details/recorded observation to substantiate her claim. FEB 23 2018

RN Granger documented in her notes I made several threats to staff. Security was not notified, nor was a Qualified Mental Health Representative notified so that an assessment could be made for possible needed Inpatient assessment. Care delivery was comprised by an RN obviously seeking to harm me, prolong the treatment process, and ensure future pain and suffering.

I layed in a room clenched/spasming. When I was finished, I was shown the door. FEB 23 2018

FEB 23 2018

FEB 23 2018

FEB 23 2018

FEB 23 2018

Action Requested to resolve your Complaint:

To receive healthcare SA-2.12 have ALL occupational codes given by BON/TMB enforced, as is the law, and assess RN Granger's behavior under 37.03 Tx R Code, 37.09 Tx R Code

Offender Signature: John R. BrownDate: 2-8-18Grievance Response: R

Review of your medical record indicates Ms. Granger, LVN, did respond to 19 dorm and transported you by stretcher to the medical department for further evaluation. Ms. Granger's clinic note indicates you were conscious and alert on her arrival to 19 dorm and while transporting you. She noted on arrival to 10 building medical, you were upset and venting and you were frustrated you didn't have a proper diagnosis for your condition. Ms. Granger's note reflects you were making threatening comments to medical staff present. After Ms. Granger consulted with Ms. Glen NP, it was noted you may be referred to mental health if needed. Ms. Granger released you from the medical clinic after no further assistance was needed. Your grievance is unsubstantiated.

Signature Authority: Keith D. DillmanDate: 6-5-18

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
2 nd Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
3 rd Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	

JUL 25 2018



Texas Department of Criminal Justice

STEP 2

OFFENDER

GRIEVANCE FORM

Offender Name:

John Henry Wiley

TDCJ #

1058269

Unit:

5/11/18 PIHG

Housing Assignment:

19 W 204-24

Unit where incident occurred:

5/11/18

OFFICE USE ONLY

Grievance #: *2018091717*UGI Recd Date: *06/21/18*HQ Recd Date: *JUN 25 2018*Date Due: *8-5*Grievance Code: *601*Investigator ID#: *10352*

Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

My request for TDCJ intervention and review of CCTV footage was ignored. LVN Granger's notes are incomplete, and her noted times would not be corroborated by CCTV footage. Medical staff has denied me the necessary medical care I need to walk by requesting CCTV footage and sending copy to PG-Neuro and ADS-Dr. Abrons. Again, Responder clearly avoids stated issue, and lies through omission in response. There was at least one on-site MLP. Why did LVN Granger call another Nurse at home? Where was an RN? Where were the noted obs to support "Mental Health Episode" put? I met with MR Hamels, QMHR, and he laughed at her notes. Policy would not allow me to leave the clinic if I were making threats to staff, and I did have a diag made on 1-2-18, hyperreflexia. What was not discussed was the effort by medical personnel to get to the bottom of my health issues. Instead the lies are continuous and all I see and hear is to accept my condition. My condition is the result of the denial of necessary medical care. Who weren't the convulsions for over two hours not discussed? The whole dorm (19 bldgs W dorm) was awoken by the slamming my body was making. Two offenders were holding my legs down and I felt like my back was breaking in two. The footage would have been instrumental in deciding if I had done something serious in one of the multiple falls (down stairs) I had. I've never made an issue about liability, just fix this issue so I can

(33)

go to work, Instead, I believe the fear of suit has created an environment where I see a provider, nothing is done, lies are recorded.

Offender Signature: _____

Date: 6-19-18

Grievance Response: _____

A review of the Step 1 medical grievance has been completed. You have requested to receive healthcare and have all occupational codes given by BON/UTMB enforced as the law, and assess medical nurse behavior.

An appellate review of the medical grievance and clinical record indicates the response from Step 1 is appropriate. Upon further review, the nurse you named in your grievance responded to medical urgency and transported you to the medical clinic on 1/31/18. The nurse consulted with the unit provider, who decided your situation was not a medical emergency. The clinic notes reveal you were advised to submit a Sick Call Request to the Mental Health Department. You were evaluated by mental health on the following dates: 05.04.18, 05.15.18, 06.12.18, and 06.20.18. No change in medications was noted.

Documentation in the medical record indicates you have been afforded access to proper medical care in accordance with Correctional Managed Care Policy E-37.1. You are advised to submit a Sick Call Request if you feel your condition has changed to warrant evaluation.

**STEP II MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION**

Signature Authority: _____

Date: 6/29/18

Returned because: *Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY

Initial Submission CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

Texas Department of Criminal Justice



STEP 1

OFFENDER
GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: _____

Date Received: _____

Date Due: _____

Grievance Code: _____

Investigator ID #: _____

Extension Date: _____

Date Retd to Offender: APR 17 2018

Offender Name: John H. Gilley TDCJ # 10552069
 Unit: Stiles Housing Assignment: 19W2
 Unit where incident occurred: Stiles

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Doctor w/ Neurology @ Neurology HG When? 4-12-18

What was their response? Could not provide care because Stiles Unit Infirmary put nothing in records.

What action was taken? Write grievance.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I'm grieving the Stiles Unit Infirmary, the licensed medical doctor responsible, PA Dunlap, NP Glenn, NP Egessi, RN Bellanger, and the rest of the collaborating nursing staff for coming together as a organized crime unit, refusing to treat my obstetric worsening condition which may be causing irreparable injury and the wanton infliction of pain and long term suffering by refusing to provide continuity of care, clearly allowing a licensed specialist medical doctor to provide treatment, quality of care that meets accepted standard of care defined under law/TMPB. APR 16 2018.

I saw Neurology via telemed on 4-12-18, the Indian doctor I saw asked if Gabapentin & Kepra were helping with the seizures. I had to tell him the unit refused to prescribe the Gabapentin, and I put in sick calls, which I have the orig. regarding the side effects that made my situation worse, about the Kepra. But the unit refusing to send an email to neurology clinic, I suffered an additional four months. Substitution could have been made. Every time I reported my condition worsened, no treatment was provided. I was actually told by one MLP to go see psych so that I could get help accepting my condition. APR 16 2018

When I had a 2 hr seizure, RN Granger covered this up, calling NP Glenn, while NP Egessi was on site. No report of incident, TDCJ was not asked for footage to assist in care, nor did anyone else report the incident to the licensed MD of record. My condition is so obvious that the security staff has expressed more interest in helping me than the medical staff. I saw PA Dunlap, he said he didn't know what to do. Well, how about updating Neuro, placing them in the hot seat to find a treatment plan. The only reason I'm in this position is due to me requesting help on 1-11-17 regarding nerve pain that has went to uncontrolled. APR 16 2018

34

muscle movement to control. M. GIL and M. H. is a person going on since 2015, I just saw PA2's tape 4-10-18, I bet she didn't notify GI clinic via email that I reported the symptoms of IBS w/ diarrhea were back. 6/2018

*Note: I don't understand how this is redundant? I've written only one grievance regarding new @ HG's visit via telemed and their refusal to treat due to lack of participation/lack of care by the on Unit medical staff.

Action Requested to resolve your Complaint.
Obtained healthcare by a licensed responsible MD, not affiliated with the CMHC contract (UTMB/UTMB-CM/Texas Tech.
Offender Signature: John R. Dilley Date: 1-15-18
Grievance Response:

Signature Authority: _____ Date: _____
If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☒ 9. Redundant, Refer to grievance # 2018107134
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: S. Lee / S. Lee

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: Keith D. Schenck

OFFICE USE ONLY	
Initial Submission	UGI Initials: SK
Grievance #:	2018118010
Screening Criteria Used:	09 16 99
Date Recd from Offender:	APR 16 2018
Date Returned to Offender:	APR 16 2018
2 nd Submission	
Grievance #:	UGI Initials: _____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
3 rd Submission	
Grievance #:	UGI Initials: _____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____



ACCEPT
AS
ORIGINAL

DEC 12 2018

OFFICE USE ONLY

Grievance #: 299017081

UGI Recd Date: OCT 31 2018

HQ Recd Date: NOV 02 2018

Date Due: 12/15/2018

Grievance Code: 624

Investigator ID #: 10352

Extension Date:

Texas Department of Criminal Justice

STEP 2

OFFENDER GRIEVANCE FORM

Offender Name: ⁶ John D. Hilley TDCJ # 1055269
Unit: Pack 1 Housing Assignment: 2-26
Unit where incident occurred: Pack 1

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because...

the Senior Practice Manager never addressed the refusal to provide effective medical care to treat observed symptoms by staff. Symptoms a layman could clearly see effective care is being withheld.

The Pimidine was a medication recommended by Pharmacy on 20180916 as a substitute for Gabapentin. By providing no medication, as recommended by Neuro, no treatment of symptoms have been provided by provider which clearly shows the provider has told HG I refused this med (4-12-18 neuro notes) when in fact the provider has obviously refused necessary healthcare.

I was prescribed Prepra, Horrible side effects that outweighed any benefits. I was substituted Tegretol, Horrible headaches on left side of head. Tried NON-ASPIRIN in conjunction, No benefit. I was told by Suthaz MD this med would address severe spasticity in back and calm muscles spasms, I went and asked for treatment on 22 Oct 2018 and offered Depakote. I had constant Reflux after three days, had to stop. NOTE* I've tried most of these drugs a decade or more ago when I was Physically healthy, and had extreme side effects, that are documented by MHR, i.e. Effexor, Tegretol, Depakote (Valproic Acid), Nortryptaline.

I was promised by HG that at the minimum, they would

**ACCEPT
AS
ORIGINAL**

Offender Signature: _____ Date: _____

Grievance Response:

A review of the STEP II medical grievance has been completed regarding your complaint of being denied the treatment as ordered by the Neurology Specialty Clinic at Hospital Galveston (HG). You stated you were prescribed Neurontin and Keppra which has been denied by the unit providers. You asked to have the pharmacy send the medications prescribed by HG.

Review of the electronic health records indicated you were seen last by the Neurology Clinic on 4/12/2018. At that visit, the neurologist documented you had tried Neurontin (gabapentin) with only provided mild relief. The treatment plan documented by the specialist did not list any prescribed medications. The specialist stated you were refusing seizure medications and the gabapentin did not offer relief, as your symptoms were not improving with these medications. The specialist returned your treatment over to the unit providers.

All medications, treatments, and referrals are based on the clinical findings of the provider at the time of their assessment. While you maintain the right to refuse any services offered, you do not have the liberty to dictate what medications, treatments, or appointments will be prescribed. If you feel that your condition has changed and warrants further review, you may wish to submit a Sick Call Request to discuss your concerns with a licensed medical provider. No further investigation is warranted for this issue.

STEP II MEDICAL GRIEVANCE PROGRAM

Signature Authority: **OFFICE OF PROFESSIONAL STANDARDS**

Date: 11-6-18

TDCJ HEALTH SERVICES DIVISION

Returned because: **Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate. *

CGO Staff Signature: _____

OFFICE USE ONLY

Initial Submission CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

17 Feb 2019

7/12

To SCL

From: John H. Gilley 40 55269

A-2-26

I need a 2nd opinion for eval regarding a tape
worm in my feces and the feeling of a couple of worms
under my skin

2/14/19
S. Allison RD

Schuldt

4/19 - 200
B. Johnson

FEB 18 AM 1:30

N.A

48

49

2/19/19
S. Allison P.

2/19/19
C. Williams
2019

FEB 19 AM 1:41

I spotted a $4\frac{1}{2}$ " by $1\frac{1}{2}$ " in the toilet and they are all over my body. You can pinch one and make them move.

I need to receive 2nd opinion from Chukwura's regarding assessment for infection of flat worms crawling under skin.

To: SCL
Plan
From: John Henry Alley A-20618 Feb 2019
1055269

2/19

To: Medical

7-3-18

P1

From John H. Gillex

1855269

LRWC

4-24

I need to speak to Dr. Henderson about
denial of diazepam by pharmacist and
a neuro referral requested by pharmacist and about
having spasms under Anesthesia and straighten up
the documentation found about diazepam
eval notes.

OVER

50

MARK S. HENDERSON, M.D.

PATIENT: GILLEY, JOHN H
6 MILES NE ON I84
TEAGUE, TX 75860
MRN: 1055269
User: HENDERSON, MARK S. M.D.

metronIDAZOLE 500MG TABLET
Sig: 1 x TABS ORAL 3 TIMES DAILY
KOP
Order Date: 06/28/2018 10:45
Start Date: 06/28/2018 10:45
Auto Stop Date: 07/12/2018 10:45

Duration: 14 Days
Refills: None

Rx Written On: 06/28/2018

Prescription Electronically Signed
by MARK S. HENDERSON, M.D.

I saw this doctor, the only doctor, on stiles. He did an eval and said he would help get the records straight, and send me back to neurology. The only record of our meeting is this pharmacy request. I received this through a medical requests of records, and no history of visit was listed, nor the non formulary request for diazepam. This is who I learned I was not supposed to use together as a substitute.

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INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

1. ☐ Unit Assignment, Transfer (Chairman of Classification, Administration Building)
2. ☐ Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)
3. ☐ Request for Promotion in Class or to Trusty Class (Unit Warden- if approved, will be forwarded to the Director of Classification)
4. ☐ Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78757)
5. ☐ Visiting List (Asst. Director of classification, Administration Building)
6. ☐ Parole requirements and related information (Unit Parole Counselor)
7. ☐ Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainers-Unit Administration)
8. ☐ Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)

TO: Medical-SCR
(Name and title of official)

DATE: 7-5-18

ADDRESS: Rock I

SUBJECT: State briefly the problem on which you desire assistance.

I need to see Clinic regarding Med renewals. Neuro
 issue, is referral for med change, ~~Depo~~ diazepam and gabapentin
 not being prescribed, as well as discussing muscle spasms occurring
 under anesthesia per Nurse Anesthesia Emiri. HLG on 5-11-18.

Also need decongestant, my ears are hurting from pressure/fluid
 build up.

Thank S.

Name: John H. Gilley No: 1055269 Unit: # Packer
 Living Quarters: 424 Work Assignment: Brass 22

DISPOSITION: (Inmate will not write in this space)

Scheduled PSC

07/16/2018

Sospang, K

JUL 6 AM 1:32

82

52

Texas Department of Criminal Justice

STEP 1 OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: _____

Date Received: _____

Date Due: _____

Grievance Code: _____

Investigator ID #: _____

Extension Date: _____

Date Retd to Offender: _____

Offender Name: John H. Gilley TDCJ # 1058269
 Unit: Pack 1 Housing Assignment: 4.24
 Unit where incident occurred: Pack 1

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? May Perez When? 7-11-18
 What was their response? Can only take me to med, cannot make them treat me
 What action was taken? use grievance process. JUL 25 2018

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I am grieving Pack 1 clinic and Dr Avila for refusing to provide necessary medical care by refusing to address issues clearly stated on SCR. JUL 25 2018

Stamped 7-6-18 SCR clearly stated I needed to see provider regarding renewing meds, need for a decontaminant, and discuss various neuro issues. Dr Avila would only see me for renewing meds due to unit transfer and look at my care. He refused to provide med care for neuro issues. JUL 25 2018

JUL 25 2018

Action Requested to resolve your Complaint.

Provide <A-2.1> to address SCR
(E-37.1) I need medical help.Offender Signature: [Signature]Date: JUL 25 2018 -24-18Grievance Response: [Signature]

Signature Authority: _____

Date: _____

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☒ 1. Grievable time period has expired. JUL 25 2018
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: [Signature]

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: [Signature]

OFFICE USE ONLY

Initial Submission UGI Initials: [Signature]

Grievance #: 2018170473

Screening Criteria Used: #1 (699)

Date Recd from Offender: JUL 25 2018

Date Returned to Offender: JUL 25 2018

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

Created By Pearl EMR - PHO512 CMCP
Schema: TDCJ

Report Date/Time: 1/05/2018 04:19PM

EMR Medication Print Pass
Active Medications From 01/05/2018 to 01/06/2018
STILES (ST)

ALLERGIES:

ANTICHOLINERGICS \ ANTICHOLINERGICS, QUATERNARY | BETA LACTAM ANTIBIOTIC \ CEPHALOSPORINS | DEMEROL | PENICILLINS | PHENYLPIPERAZINE ANTIDEPRESSANT

PATIENT: GILLEY, JOHN H MRN: 1055269 DOB: 05/10/1971 HOUSING: 19W BED 002

CETIRIZINE 10MG TABLET #

1 TABS ORAL DAILY FOR 30 DAYS. NFA # 352439A [INDEF]

RX DATE: 10/16/2017 10:16 AM

RUN START DATE: 12/15/2017 10:16 AM

ORDERING FACILITY: STILES (ST)

ORDERING PROVIDER: DUNLAP, BRENDAN A PA

MEDICATION STATUS: ACTIVE

Rx ID: 23847524

REFILLS: 2 / 11

RUN END DATE: 01/14/2018 10:16 AM

EXPIRATION DATE: 10/11/2018 10:16 AM

ENTRY USER: DUNLAP, BRENDAN A PA

LEVETIRACETAM 500MG TABLET

1 TABS ORAL TWICE DAILY FOR 30 DAYS.

RX DATE: 01/03/2018 06:49 AM

RUN START DATE: 01/03/2018 06:48 AM

ORDERING FACILITY: STILES (ST)

ORDERING PROVIDER: GLENN, EMMA R NP

MEDICATION STATUS: ACTIVE

Rx ID: 24256546

REFILLS: 0 / 11

RUN END DATE: 02/02/2018 06:48 AM

EXPIRATION DATE: 12/29/2018 06:48 AM

ENTRY USER: GLENN, EMMA R NP

LITHIUM CARBONATE 300MG CAP

2 CAPS ORAL TWICE DAILY FOR 30 DAYS.

RX DATE: 07/14/2017 08:12 AM

RUN START DATE: 12/11/2017 08:09 AM

ORDERING FACILITY: STILES (ST)

ORDERING PROVIDER: UFONDU, NKECHI L FNP

MEDICATION STATUS: ACTIVE

Rx ID: 23347564

REFILLS: 5 / 9

RUN END DATE: 01/10/2018 08:09 AM

EXPIRATION DATE: 05/10/2018 08:09 AM

ENTRY USER: UFONDU, NKECHI L FNP

MONTELUKAST 10MG TABLET #

1 TABS ORAL EVERY EVENING FOR 30 DAYS. #352469A [INDEF]

SEVERE ASTHMA

RX DATE: 09/08/2017 02:11 PM

RUN START DATE: 12/07/2017 02:11 PM

ORDERING FACILITY: STILES (ST)

ORDERING PROVIDER: DUMAS, NATASCHA T M.D.

MEDICATION STATUS: ACTIVE

Rx ID: 23641253

REFILLS: 3 / 11

RUN END DATE: 01/06/2018 02:11 PM

EXPIRATION DATE: 09/03/2018 02:11 PM

ENTRY USER: DUMAS, NATASCHA T M.D.

MONTELUKAST 10MG TABLET #

1 TABS ORAL EVERY EVENING FOR 30 DAYS. #352469A [INDEF]

SEVERE ASTHMA

RX DATE: 09/08/2017 02:11 PM

RUN START DATE: 01/06/2018 02:11 PM

ORDERING FACILITY: STILES (ST)

ORDERING PROVIDER: DUMAS, NATASCHA T M.D.

MEDICATION STATUS: ACTIVE

Rx ID: 23641253

REFILLS: 4 / 11

RUN END DATE: 02/05/2018 02:11 PM

EXPIRATION DATE: 09/03/2018 02:11 PM

ENTRY USER: DUMAS, NATASCHA T M.D.

SUCRALFATE 1GM TABLET #

1 TABS ORAL TWICE DAILY FOR 30 DAYS. WEB MAIL [8/4/18]

RX DATE: 08/04/2017 02:18 PM

RUN START DATE: 01/01/2018 02:16 PM

ORDERING FACILITY: STILES (ST)

ORDERING PROVIDER: GLENN, EMMA R NP

MEDICATION STATUS: ACTIVE

Rx ID: 23467061

REFILLS: 5 / 11

RUN END DATE: 01/31/2018 02:16 PM

EXPIRATION DATE: 07/30/2018 02:16 PM

ENTRY USER: NICHOLS, CAROL R R.N.

54

Created By Pearl EMR - PHO512 CMCP
Schema: TDCJ

Report Date/Time: 1/05/2018 04:19PM

EMR Medication Print Pass
Active Medications From 01/05/2018 to 01/06/2018
STILES (ST)

ALLERGIES:

ANTICHOLINERGICS \ ANTICHOLINERGICS, QUATERNARY | BETA LACTAM ANTIBIOTIC \ CEPHALOSPORINS | DEMEROL | PENICILLINS | PHENYLPIPERAZINE ANTIDEPRESSANT

PATIENT: GILLEY, JOHN H MRN: 1055269 DOB: 05/10/1971 HOUSING: 19W BED 002

VENLAFAXINE ER 150MG CAPSULE

Rx ID: 23347547

1 CAPS ORAL EVERY EVENING FOR 30 DAYS.

REFILLS: 5 / 9

RX DATE: 07/14/2017 08:12 AM

RUN START DATE: 12/11/2017 08:08 AM

RUN END DATE: 01/10/2018 08:08 AM

ORDERING FACILITY: STILES (ST)

EXPIRATION DATE: 05/10/2018 08:08 AM

ORDERING PROVIDER: UFONDU, NKECHI L FNP

MEDICATION STATUS: ACTIVE

ENTRY USER: UFONDU, NKECHI L FNP

VENLAFAXINE ER 75MG CAPSULE

Rx ID: 23351145

1 CAPS ORAL EVERY EVENING FOR 30 DAYS. TDD=225MG

REFILLS: 5 / 9

RX DATE: 07/14/2017 12:38 PM

RUN START DATE: 12/11/2017 12:38 PM

RUN END DATE: 01/10/2018 12:38 PM

ORDERING FACILITY: STILES (ST)

EXPIRATION DATE: 05/10/2018 12:38 PM

ORDERING PROVIDER: UFONDU, NKECHI L FNP

MEDICATION STATUS: ACTIVE

ENTRY USER: UFONDU, NKECHI L FNP

ZIPRASIDONE HCL 80MG CAPSULE

Rx ID: 23347639

1 CAPS ORAL TWICE DAILY FOR 30 DAYS.

REFILLS: 5 / 9

RX DATE: 07/14/2017 08:18 AM

RUN START DATE: 12/11/2017 08:17 AM

RUN END DATE: 01/10/2018 08:17 AM

ORDERING FACILITY: STILES (ST)

EXPIRATION DATE: 05/10/2018 08:17 AM

ORDERING PROVIDER: UFONDU, NKECHI L FNP

MEDICATION STATUS: ACTIVE

ENTRY USER: UFONDU, NKECHI L FNP

DULERA 100/5MCG INH 120PUFFS #

Rx ID: 23514062

KOP 2 PUFFS INHALATION TWICE DAILY FOR 30 DAYS. [INDEF] NF#316560A

REFILLS: 4 / 11

RX DATE: 08/14/2017 03:26 PM

RUN START DATE: 12/25/2017 03:25 PM

RUN END DATE: 01/24/2018 03:25 PM

ORDERING FACILITY: STILES (ST)

EXPIRATION DATE: 08/22/2018 03:25 PM

ORDERING PROVIDER: DUMAS, NATASCHA T M.D.

MEDICATION STATUS: ACTIVE

ENTRY USER: DUMAS, NATASCHA T M.D.

GABAPENTIN 300MG CAPSULE #

Rx ID: 24254144

KOP 1 CAPS ORAL AS DIRECTED FOR 10 DAYS. 300MG DAILY X 1 WEEK THEN 600MG 2 X DAY X 6 MOS !!!
HG !!! SUTHAR, K.

REFILLS: 0 / 0

RX DATE: 01/02/2018 01:52 PM

RUN START DATE: 01/02/2018 01:50 PM

RUN END DATE: 01/12/2018 01:50 PM

ORDERING FACILITY: HOSP.GALVESTON

EXPIRATION DATE: 01/12/2018 01:50 PM

ORDERING PROVIDER: HG, PROVIDER X M.D.

MEDICATION STATUS: ACTIVE

ENTRY USER: CHERIAN, TESSY R R.Ph.

LISINAPRIL 20MG TABLET

Rx ID: 23847508

KOP 1 TABS ORAL DAILY FOR 30 DAYS.

REFILLS: 2 / 11

RX DATE: 10/16/2017 10:16 AM

RUN START DATE: 12/15/2017 10:15 AM

RUN END DATE: 01/14/2018 10:15 AM

ORDERING FACILITY: STILES (ST)

EXPIRATION DATE: 10/11/2018 10:15 AM

ORDERING PROVIDER: DUNLAP, BRENDAN A PA

MEDICATION STATUS: ACTIVE

ENTRY USER: DUNLAP, BRENDAN A PA

OMEPRAZOLE 20MG CAPSULE

Rx ID: 23847504

KOP 1 CAPS ORAL TWICE DAILY FOR 30 DAYS.

REFILLS: 2 / 11

RX DATE: 10/16/2017 10:16 AM

RUN START DATE: 12/15/2017 10:14 AM

RUN END DATE: 01/14/2018 10:14 AM

ORDERING FACILITY: STILES (ST)

EXPIRATION DATE: 10/11/2018 10:14 AM

ORDERING PROVIDER: DUNLAP, BRENDAN A PA

MEDICATION STATUS: ACTIVE

ENTRY USER: DUNLAP, BRENDAN A PA

Created By Pearl EMR - PHO512 CMCP
Schema: TDCJ

Report Date/Time: 1/05/2018 04:19PM

EMR Medication Print Pass
Active Medications From 01/05/2018 to 01/06/2018
STILES (ST)

ALLERGIES:

ANTICHOLINERGICS \ ANTICHOLINERGICS, QUATERNARY | BETA LACTAM ANTIBIOTIC \ CEPHALOSPORINS | DEMEROL | PENICILLINS | PHENYLPIPERAZINE ANTIDEPRESSANT

PATIENT: GILLEY, JOHN H MRN: 1055269 DOB: 05/10/1971 HOUSING: 19W BED 002

PROVENTIL HFA 90MCG INH 200PF

Rx ID: 24147711

KOP 2 PUFFS INHALATION 4 TIMES DAILY AS NEEDED FOR 45 DAYS.

REFILLS: 0 / 3

RX DATE: 12/11/2017 10:51 AM

RUN START DATE: 12/11/2017 10:51 AM

RUN END DATE: 01/25/2018 10:51 AM

ORDERING FACILITY: STILES (ST)

EXPIRATION DATE: 06/09/2018 10:51 AM

ORDERING PROVIDER: DANIEL, GIDEON A PA

MEDICATION STATUS: ACTIVE

ENTRY USER: DANIEL, GIDEON A PA

RANITIDINE 150MG TABLET

Rx ID: 23847519

KOP 2 TABS ORAL TWICE DAILY FOR 30 DAYS.

REFILLS: 2 / 5

RX DATE: 10/16/2017 10:16 AM

RUN START DATE: 12/15/2017 10:15 AM

RUN END DATE: 01/14/2018 10:15 AM

ORDERING FACILITY: STILES (ST)

EXPIRATION DATE: 04/14/2018 10:15 AM

ORDERING PROVIDER: DUNLAP, BRENDAN A PA

MEDICATION STATUS: ACTIVE

ENTRY USER: DUNLAP, BRENDAN A PA

SODIUM CL 0.65% NAS SPRAY 45ML

Rx ID: 24052904

KOP 1 SPRAYS INTRANASAL 3 TIMES DAILY FOR 30 DAYS.

REFILLS: 1 / 2

RX DATE: 11/21/2017 01:56 PM

RUN START DATE: 12/21/2017 01:56 PM

RUN END DATE: 01/20/2018 01:56 PM

ORDERING FACILITY: STILES (ST)

EXPIRATION DATE: 02/19/2018 01:56 PM

ORDERING PROVIDER: SMOCK, SANDRA K RN, FNP

MEDICATION STATUS: ACTIVE

ENTRY USER: SMOCK, SANDRA K RN, FNP

TOTAL FOR GILLEY, JOHN H

16

55
21



Texas Department of Criminal Justice

STEP 1

OFFENDER
GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2018091669
 Date Received: 2-23-18
 Date Due: 4-9-18
 Grievance Code: 616
 Investigator ID #: I2487
 Extension Date: _____
 Date Retd to Offender: SEP 17 2018

Offender Name: John H. Gilley TDCJ # 1055269
 Unit: Stiles Housing Assignment: 1A W 24-74
 Unit where incident occurred: Stiles

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? APRN Glenn When? 1-30-18
 What was their response? I run the inside of the fence the doctor's run the other side.
 What action was taken? Spoke to Dir of Nursing on 2-6-18; writing of this formal complaint on 2-8-18

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I saw APRN Glenn on 1-30-18 and questioned her authority to refuse to comply with HG's outpatient neurology clinic recommendations for treatment, i.e. Kepra 500mg twice a day 3 gabapentin 300mg nightly x 7 days then 600mg twice a day for six months. These meds deemed critical, as routinely medications will not be entered into the PEARL EMR/PRS system for outpatients. These meds were entered into the PEARL EMR/PRS system for me before leaving the clinic, at HG. Also, if the patient does not arrive with meds, unit personnel should re-enter the non-formulary medications for 10 days w/uo Refills into the system & type "HG-SEND" into the Special Instructions Field. This will trigger the CMC Pharmacist to allow an automatic 10 day approval of the non-formulary medication and the order will be sent. This will allow the provider 10 days to assess <physically evaluate> the patient, and request NON-formulary approval for the continuation of therapy, if needed.

FEB 23 2018

APRN Glenn refused to follow this excerpt of CMC Formulary Policy in any way, as I was at HG neuro on 1-2-18, saw her on 1-30-18. And Gabapentin never reordered. I have a copy of EMR Print Pass showing she reordered Kepra but not Gabapentin, and refused to assess patient,

FEB 23 2018

FEB 23 2018

FEB 23 2018

FEB 23 2018

Action Requested to resolve your Complaint.

To ensure all CMEC policies as mds weren't ordered/patient not assessed, and provide access to a registered/licensed MD, as I need to see one, (A-2.1).

Offender Signature:

Date:

2-8-18

Grievance Response:

Review of your medical record reveals that a non-formulary request was submitted on your behalf but was deferred with the following remarks: PATIENT WAS INITIATED KEPPRA, PLEASE CONTINUE FORMULARY AGENT. NO INDICATION OR FDA APPROVAL FOR THE TREATMENT OF MYCLONIC OR INCOLUNTARY FOR GABAPENTIN. PATIENT HAS NOT FAILED ALL FORMULARY AGENTS, MAY CONSIDER PRIMIDONE. With stating that, HG orders are recommendations only. The unit provider is ultimately responsible for your health and treatment. However, the unit provider did attempt to order what was recommended by the specialty provider. Our specialty providers and unit providers will continue to work together to provide the best care to our patients. Should you have any issues, please submit a SCR listing any signs/ symptoms you are having and you will be scheduled accordingly. No further action warranted at this time.

Signature Authority:

Date:

7/6/18

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because:

*Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission

UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission

UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission

UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice
STEP 2
OFFENDER
GRIEVANCE FORM

Offender Name: 6 John H Gilley TDCJ # 1055269
Unit: Pack 1 Housing Assignment: ~~4-24~~ 2-20
Unit where incident occurred: Stiles & Pack 1

OFFICE USE ONLY

Grievance #: 2018091669
UGI Recd Date: SEP 26 2018
HQ Recd Date: OCT 01 2018
Date Due: 11/10/18
Grievance Code: 616
Investigator ID#: I0352
Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). *I am dissatisfied with the response at Step 1 because...*

When I received this 2 months after the date signed, I showed this grievance to Lindsay, NP on Pack 1 on Sept 19. I still do not have a replacement for the Gabapentin, even though Primidone was recommended by the pharmacy. What can be seen is Stiles Unit never prescribed this replacement, nor discussed it. And the gabapentin was prescribed for the severe burning. And the gabapentin never arrived to stiles, even though policy clearly states it should have.

Neurology ordered meds to treat symptoms. Pharmacy and provider conspired to work against Neurology. I've received no treatment in the process, and have been accused by neuro for refusing gabapentin. All this a hoax, making me suffer, violating all statements of care delivery.

The Kepra caused extreme headaches, body aches, nausea, chill. I wrote 10 F-60's in the month of January 2018. I finally got a replacement from the most unlikely place, Vondo, NP which was Tegretol. The body aches are manageable, but the headaches are getting severe. I can't take it every day. I spoke to Dr. Henderson @ Stiles, and was told that Tegretol wasn't the right substitute. I explained to Dr. Henderson that no one would provide a sub for the Kepra, so I went to Psych on 5-4-18. He told me diazepam was the next med after Kepra, especially if both anti-convulsants are causing severe headaches on left side of head. That was prescribed. Pharmacy blocked another med. ~~When~~ When do I get assessed by pharmacy for my inability to walk? And how does neuro get the idea I'm non-compliant. From pharmacy & providers.

I've done all I know to do to seek treatment to walk. Someone does not want me to walk, I see one person @ AG - Sother. Everyone has conspired to prevent this treatment. The only person that showed promise was Dr Henderson @ Sother. Dr Anila @ Pockl refused to address nerve issues upon arrival to Pockl, no repeat visit to Sother. I've received a continuation of new care.

Offender Signature: John D. WilleyDate: 9-26-18**Grievance Response:**

A review of the medical grievance and documentation has been completed regarding your complaint of receiving medication as ordered by Neurology-Hospital Galveston.

You have been evaluated by unit provider on 01/30/2018, and medications were reordered and Keppra was initiated. The Gabapentin request was issued to pharmacy, but was denied as this medication is no longer available on formulary. The unit physician reviewed your medical records 02/22/2018, and no changes were made.

Hospital Galveston orders are recommendations only. The unit-provider is ultimately responsible for your health and medications. Documentation indicates since the time of Step 1 medical grievance was answered, you have continued to be seen in accordance with Correctional-Managed Healthcare-Policy E-37-1. If you feel your situation has changed to warrant further evaluation, you are advised to submit a Sick Call Request to the medical department.

STEP II MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION

Signature Authority: _____

Date: 10/4/18Returned because: **Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted.*
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY**Initial Submission**

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

CGO Staff Signature: _____

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Appendix G